

2007 100548

2007 DEC 27 AM 8:58

MICHAEL A. BROWN
RECORDER



Satisfaction of Mortgage


WASHINGTON MUTUAL - CLIENT 908 #:0052456605 "TRAINA" Lender ID:1680492381 Lake, Indiana PIF: 06/17/2003
KNOW ALL MEN BY THESE PRESENTS that WASHINGTON MUTUAL BANK, FA, holder of a certain Mortgage to secure the amount of \$80,580.00 whose parties, dates and recording information are below, does hereby acknowledge that it has received full payment and satisfaction of the same, and in consideration thereof, does hereby cancel and discharge said Mortgage.

Original Mortgagor: ANTOINETTE TRAINA AND SCOTT E. CASTLE, AS JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP
Original Mortgagee: PRIME MORTGAGE USA, INC.
Dated: 01/31/2002 Recorded: 02/12/2002 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2002 015281,
In the offices of the County Recorder of Lake County, in the State of Indiana
Property Address: 604 BRIARWOOD DRIVE, DYER, IN 46311

IN WITNESS WHEREOF, the undersigned has, by the officer duly authorized, executed this document.

WASHINGTON MUTUAL BANK, FA
On December 13th, 2007

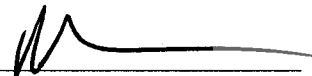
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NOT OFFICIAL!
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the Lake County Recorder!

By: 
Jocelyn Tate, Lien Release Assistant Secretary

STATE OF Florida
COUNTY OF Duval

On December 13th, 2007, before me, the undersigned, a Notary Public in and for Duval in the State of Florida, personally appeared Jocelyn Tate, Lien Release Assistant Secretary, personally known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. WITNESS my hand and official seal.

WITNESS my hand and official seal,


Notary Expires: / /


MIRIAM E. HAPNER
Commission DD365383
Expires October 24, 2008
Bonded Thru Troy Fair Insurance 800-365-7019

(This area for notarial seal)

This instrument was prepared by: Christine Stoner, WASHINGTON MUTUAL BANK, FA, PO BOX 45179, JACKSONVILLE, FL 32232-5179
1-866-926-8937

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Christine Stoner.

When Recorded Return To:
, Washington Mutual PO BOX 45179, JACKSONVILLE, FL 32232-5179

Handwritten:
12.00
200531385
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