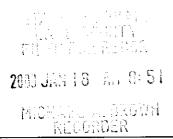
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Satisfaction of Mortgage

CITIFINANCIAL MORTGAGE CORPORATION #:0000219170 "WILLIAMS" Lender ID:11032/ESERVE Lake, Indiana PIF: 01/07/2008 KNOW ALL MEN BY THESE PRESENTS that Associates Financial Services Company of Indiana, Inc., holder of a certain Mortgage to secure the amount of \$56,172.95 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: MARY E WILLIAMS

Original Mortgagee: ASSOCIATES FINANCIAL SERVICES COMPANY OF INDIANA, INC.

Dated: 12/22/1994 Recorded: 12/28/1994 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 94086353, In

the offices of the County Recorder of Lake County, in the State of Indiana

Property Address: 734 GARFIELD ST, GARY, IN 46404-1406

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

Document 1s

Associates Financial Services Company of Indiana, Inc.

On January 9th, 2008

This Document

property o

the Lake County

MARYLYN & BROWN, Vice-President

STATE OF Maryland COUNTY OF Frederick

On January 9th, 2008, before me, JANE EYLER, a Notary Public in and for Frederick in the State of Maryland, personally appeared MARYLYN C BROWN, Vice-President, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal,

JANE EYLER

Notary Expires: 11/01/2009

V

This instrument was prepared by:
LEAH VROMAN, VERDUGO TRUSTEE SERVICE CORP PO BOX 9443(1-800-283-7918), GAITHERSBURG, MD 20898
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, LEAH VROMAN.

When Recorded Return To:

MARY E WILLIAMS, 734 GARFIELD ST, GARY, IN 464041406

*HMI*HMICITM*01/09/2008 12:23:00 AM* THAS01THAS000000000000000558160** INLAKE* 0000219170 INSTATE_MORT_REL *LVA*LVACITM*

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