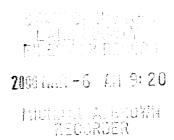
2008 016399





## **Satisfaction of Mortgage**

WASHINGTON MUTUAL - CLIENT 150 #:8432336702 "CANELO" Lender ID:D86/184/1681212035 Lake, Indiana PIF: 02/13/2008 MERS #: 100156800000022379 VRU #: 1-888-679-6377

KNOW ALL MEN BY THESE PRESENTS that Mortgage Electronic Registration Systems, Inc., holder of a certain Mortgage to secure the amount of \$52,000.00 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: FRANCISCO CANELO AND MARIA E CANELO, HUSBAND AND WIFE

Original Mortgagee: ALTA VISTA HOME LOANS, INC.

Dated: 02/06/2002 Recorded: 05/29/2002 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2002049385,

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

Property Address: 4620 ASH ST, HAMMOND, IN 46327

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

NOT OFFICIAL!

Mortgage Electronic Registration Systems, Inc.

On February 25th, 2008

This Document is the property of

the Lake County Recorder!

By:

Jocelyn Tate, Lien Release Assistant Secretary

STATE OF Florida COUNTY OF Duval

On February 25th, 2008, 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 Fain Insurance 800-385-7019

(This area for notarial seal)

This instrument was prepared by: Amir Cohkovic, 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. Amir Cohkovic.

When Recorded Return To:

, WASHINGTON MUTUAL PO BOX 45179, JACKSONVILLE, FL 32232-5179

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de #810315082

\*AT\*ATWAMT\*02/25/2008 02:59:42 PM\* WAMU01WAMU0000000000000004485974\* INLAKE\* 8432336702 INSTATE\_MORT\_REL \*AC\*ACWAMT\*