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MICHAEL A. BROWN
RECORDER



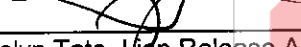
Satisfaction of Mortgage

WASHINGTON MUTUAL - CLIENT 908 #:3014319077 "OLSON" Lender ID:262/004/465019064 Lake, Indiana PIF: 02/19/2008
KNOW ALL MEN BY THESE PRESENTS that WASHINGTON MUTUAL BANK, FA, holder of a certain Mortgage to secure the amount of \$200,000.00 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: JERRY OLSON AND NICOLETTE OLSON
Original Mortgagee: WASHINGTON MUTUAL BANK, FA
Dated: 08/13/2007 Recorded: 08/22/2007 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2007-068056,
In the offices of the County Recorder of Lake County, in the State of Indiana
Property Address: 209 KNIGHTBRIDGE PL, MUNSTER, IN 46321

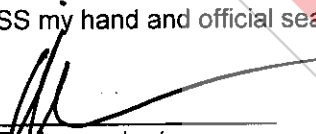
IN WITNESS WHEREOF, the undersigned has, by the officer duly authorized, executed this document.

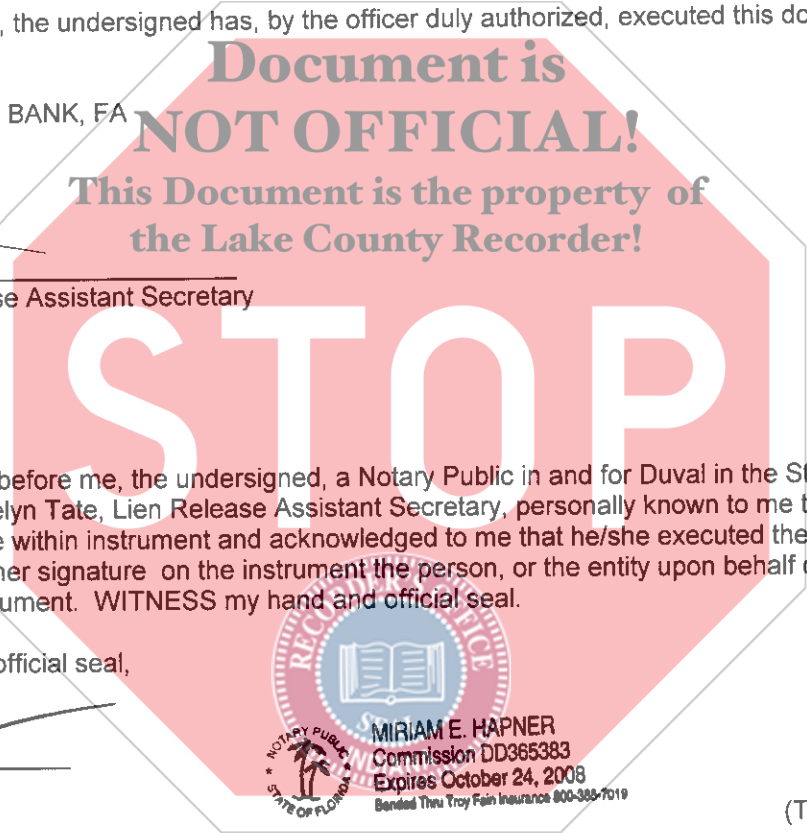
WASHINGTON MUTUAL BANK, FA
On February 27th, 2008

By: 
Jocelyn Tate, Lien Release Assistant Secretary

STATE OF Florida
COUNTY OF Duval

On February 27th, 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: . / /



(This area for notarial seal)

This instrument was prepared by: Suzana Mulahmetovic, 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. Suzana Mulahmetovic.

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

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Handwritten: # 200558400
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