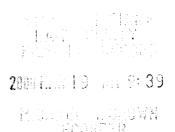
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Satisfaction of Mortgage

WASHINGTON MUTUAL - CLIENT 156 #:0699929261 "PUNTILLO" Lender ID:D74/002/0699929261 Lake, Indiana PIF: 03/03/2008 KNOW ALL MEN BY THESE PRESENTS that WASHINGTON MUTUAL BANK, FA, A FEDERAL ASSOCIATION, holder of a certain Mortgage to secure the amount of \$232,000.00 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: JOHN A PUNTILLO AND JENNIFER M PUNTILLO, HUSBAND AND WIFE

Original Mortgagee: WASHINGTON MUTUAL BANK, FA, A FEDERAL ASSOCIATION

Dated: 06/06/2005 Recorded: 06/13/2005 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2005-048265,

This Document is the property of

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

Property Address: 10530 BULL RUN DR, SAINT JOHN, IN 46373

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

WASHINGTON MUTUAL BANK, FA, A FEDERAL ASSOCIATION

On <u>March 5th, 2008</u>

the Lake County Recorder!

Jocelyn Tate, Lien Release Assistant Secretary

STATE OF Florida COUNTY OF Duval

On March 5th, 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 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

\*S\*M\*S\*MWAMT\*03/05/2008 01:28:38 PM\* WAMU03WAMU0000000000000004513485\* INLAKE\* 0699929261 INSTATE\_MORT\_REL \*AC\*ACWAMT\*

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