

2008 022167

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 MAR 28 AM 9: 39
MICHAEL A. BROWN
RECORDER

## RELEASE OF THIRD LOAN MORTGAGE MODIFICATION AGREEMENT

620076462cm

KNOW ALL MEN BY THESE PRESENTS, that LASALLE BANK NATIONAL ASSOCIATION, a national banking association for and in so consideration of the payment of One Dollar (\$1.00), the receipt whereof is hereby acknowledged, does hereby REMISE, RELEASE, CONVEY and QUIT CLAIMS unto MERCANTILE NATIONAL BANK OF INDIANA, not personally, but solely as Trustee Under Trust Agreement Dated April 30, 1996 and known as Trust No. 6234 and KARFAM COMPANY, L.L.C., an Illinois limited liability company ("Beneficiary"), jointly and severally its rights, title, claim or demand whatsoever it may have acquired in, through or by certain THIRD LOAN MORTGAGE MODIFICATION AGREEMENT DOC# 2007 057980, in the Office of the Recorder of Deeds of LAKE County, State of INDIANA to the premises herein described, situated in the County of LAKE, State of INDIANA, as follows, to-wit:

This Document is the property of the Lake County Recorder! LEGAL DESCRIPTION

LOT 4, BLOCK 1 IN BRANT'S BUSINESS CENTER ADDITION TO THE TOWN OF GRIFFITH, AS SHOWN IN PLAT BOOK 50 PAGE 61, AND AS AMENDED BY CERTIFICATE OF CORRECTION RECORDED JANUARY 14, 1980 AS DOCUMENT NO. 568717, IN LAKE COUNTY, INDIANA.

**COMMONLY KNOWN AS:** 

1941 WOODLAWN AVENUE GRIFFITH, INDIANA

TAX ID. PIN#

26-387-4

together with all the appurtenances and privileges thereunto belonging or appertaining.





IN TESTIMONY WHEREOF, THE SAID LASALLE BANK NATIONAL ASSOCIATION has caused these presents to be signed by its Vice President, this day of 2008.

LASALLE BANK NATIONAL ASSOCIATION

By: 

| Lisette Alamo | Lisette Alamo | Lisette President | Lisette Alamo | Lisette President | Lisette Alamo | Lisette President | Lisette Alamo | Liset

FOR YOUR PROTECTION THIS DOCUMENT SHOULD BE RECORDED IN THE COUNTY WHERE THE PROPERTY IS LOCATED

STATE OF ILLINOIS

) SS. | 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. | Social Security number in this document, unless required by law. | Social Security number in this document, unless required by law. | Social Security number in this document, unless required by law. | Social Security number in this document, unless required by law. | Social Security number in this document, unless required by law. | Social Security number in this document, unless required by law. | Social Security number in this document, unless required by law. | Social Security number in this document, unless required by law. | Social Security number in this document, unless required by law. | Social Security number in this document, unless required by law. | Social Security number in this document, unless required by law. | Social Security number in this document, unless required by law. | Social Security number in this document, unless required by law. | Social Security number in this document, unless required by law. | Social Security number in this document, unless required by law. | Social Security number in this document, unless required by law. | Social Security number in this document, unless required by law. | Social Security number in this document, unless required by law. | Social Security number in this document, unless required by law. | Social Security number in this document, unless required by law. | Social Security number in this document, unless required by law. | Social Security number in this document, unless required by law. | Social Security number in this document, unless required by law. | Social Security number in this document, unless required by law. | Social Security number in this document, unless required by law. | Social Security number in this document, unless required by law. | Social Security number in this document | Social Security number in this document | Social Security number | Social Se

I, the undersigned a Notary Public, in and for the said County, in the State aforesaid, do hereby certify that Lisette Alamo, Vice President, who is personally known to me to be the same person whose name is subscribed to the foregoing instrument as such Vice President, appeared before me this day in person and respectively, and acknowledged that he/she signed and delivered the said instrument as he/she own free voluntary act as the free and voluntary act of said Association for the uses and purposes therein set forth.

GIVEN under my hand and notarial seal, this

OFFICIAL SEAL RITA GOMEZ NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:05/04/10

REF: OBLIGOR # 4808716549-9420

This Document Prepared By Rita Gomez LaSalle Bank National Association 135 S. LaSalle St., Suite 1407 Chicago, Illinois 60603 After Recording Please Mail To:

Notary Public

My Commission Expires:

Karfam Co LLC 1520 Pratt Blvd

Elk Grove Village, IL 60007