

Satisfaction of Mortgage

WASHINGTON MUTUAL - CLIENT 150 #:8425974071 "GARDNER" Lender ID:D92/039/1677903495 Lake, Indiana PIF: 08/13/2008 MERS #: 100015000116762858 VRU #: 1-888-679-6377

KNOW ALL MEN BY THESE PRESENTS that MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR BANK ONE, NA, holder of a certain Mortgage to secure the amount of \$180,000.00 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: MARGUERITE D GARDNER AND JACQUELINE H KOWAL, JOINT TENANTS WITH RIGHT OF SURVIVORSHIP

Original Mortgagee: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., AS NOMINEE FOR BANK ONE,

Dated: 07/13/2001 Recorded: 07/30/2001 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2001 059868,

In the offices of the County Recorder of Lake County, in the State of Indiana Property Address: 14006 CHASE ST, CROWN POINT, IN 46307

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

This Document is the property of MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR BANK ONE, NA

On August 27th, 2008

Jocelyn Tate, Lien Release Assistant Secretary

STATE OF Florida COUNTY OF Duval

By:

The foregoing instrument was acknowledged before me this 27th day of August, 2008 by Jocelyn Tate as Lien Release Assistant Secretary for MORTGAGE ELECTRONIC REGISERATION SYSTEMS, INC. AS NOMINEE FOR

Personally Known ___X___ Or Produced Identification WITNESS my hand and official seal,

Expires:

TARY PUBLIC MIRIAM E. HAPNER Notary Public - State of Florida My Comm. Expires Oct 24, 2008 THE OF FLOR Commission # DD 365383

Type of Identification Produced.

(This area for notarial seal)

This instrument was prepared by: Tandrea D Matthews, 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

When Recorded Return To:

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

CK# 810347313

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