

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2008 066128

2008 SEP 22 AM 11:06

MICHAEL A. BROWN  
RECORDER

**Satisfaction of Mortgage**


LoanCare Servicing Center, Inc. #:3458346 "ANGONE" Lender ID:550263/374122180 Lake, Indiana  
MERS #: 100073020061353916 VRU #: 1-888-679-6377

KNOW ALL MEN BY THESE PRESENTS that MORTGAGE ELECTRONIC REGISTRATION SYSTEMS INC, AS NOMINEE FOR THE BENEFICIAL OWNER FREEDOM MORTGAGE CORPORATION, holder of a certain Mortgage to secure the amount of \$190,607.00 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: PAUL J ANGONE AND MARIE A ANGONE HUSBAND AND WIFE  
Original Mortgagee: FREEDOM MORTGAGE CORPORATION D/B/A FREEDOM HOME MORTGAGE CORPORATION  
Dated: 07/12/2006 Recorded: 08/02/2006 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2006 066545,  
In the offices of the County Recorder of Lake County, in the State of Indiana  
Property Address: 11793 WHITE OAK AVE, CEDAR LAKE, IN 46303

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

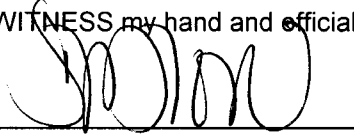
MORTGAGE ELECTRONIC REGISTRATION SYSTEMS INC, AS NOMINEE FOR THE BENEFICIAL OWNER  
FREEDOM MORTGAGE CORPORATION  
On September 4th, 2008

By:   
HEATHER CALHOUN, Assistant Secretary

STATE OF Virginia  
COUNTY OF Suffolk City

ON September 4th, 2008, before me, SHEQUITA BLOW, a Notary Public in and for the City of Suffolk, State of Virginia, personally appeared HEATHER CALHOUN, Assistant Secretary, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal,

  
SHEQUITA BLOW  
Notary Expires: 06/30/2011 #7156421



(This area for notarial seal)

This instrument was prepared by: Shequita Blow, LoanCare Servicing Center, Inc PO Box 8068, Virginia Beach, VA 23450 1-800-274-6600

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. Shequita Blow.

When Recorded Return To:  
Release Department, LoanCare Servicing Center, Inc PO Box 8068, Virginia Beach, VA 23450

\*SLB\*SLBLCSV\*09/04/2008 01:41:29 PM\* LCSV01LCSVCONVXXXXXXXXXX3458346\* INLAKE\* 3458346 INSTATE\_MORT\_REL \*SLB\*SLBLCSV\*

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