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MICHAEL J. MAN
RECORDER

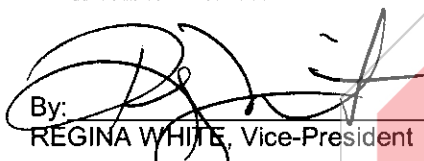
Release of Mortgage

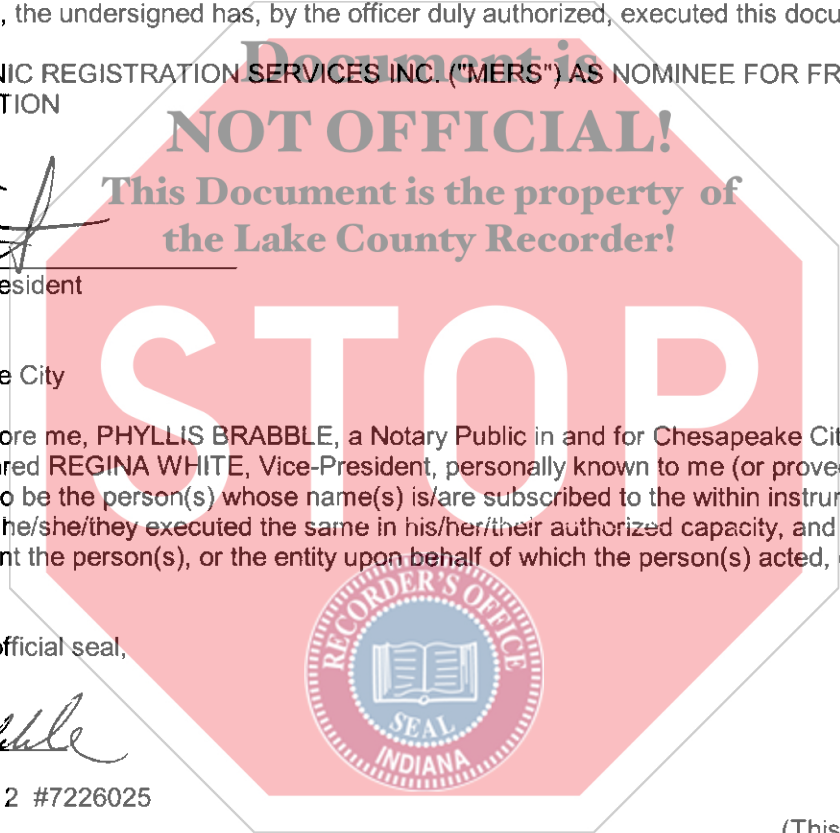
LOANCARE, A DIVISION OF FNF SERVICING, INC #:4953584 "GOLLHARDT" Lender ID:640/0202363750 Lake, Indiana
KNOW ALL MEN BY THESE PRESENTS that MORTGAGE ELECTRONIC REGISTRATION SERVICES INC.
("MERS") AS NOMINEE FOR FREEDOM MORTGAGE CORPORATION, holder of a certain Mortgage to secure the
amount of \$167,327.00 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: KARL J GOLLHARDT AND DEBRA A GOLLHARDT HUSBAND AND WIFE
Original Mortgagee: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC AS NOMINEE FOR FREEDOM
MORTGAGE CORPORATION DBA FREEDOM HOME MORTGAGE CORPORATION
Dated: 06/10/2009 Recorded: 06/23/2009 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2009 042036,
In the offices of the County Recorder of Lake County, in the State of Indiana
Property Address: 3110 100TH ST, HIGHLAND, IN 46322

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

MORTGAGE ELECTRONIC REGISTRATION SERVICES INC. ("MERS") AS NOMINEE FOR FREEDOM
MORTGAGE CORPORATION
On March 21st, 2011


By: 
REGINA WHITE, Vice-President



STATE OF Virginia
COUNTY OF Chesapeake City

On March 21st, 2011, before me, PHYLLIS BRABBLE, a Notary Public in and for Chesapeake City in the State of
Virginia, personally appeared REGINA WHITE, Vice-President, 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,


PHYLLIS BRABBLE
Notary Expires: 12/31/2012 #7226025



(This area for notarial seal)

This instrument was prepared by: Crystal Davis, LOANCARE, A DIVISION OF FNF SERVICING, 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. Crystal Davis.

When Recorded Return To:
Release Department, LOANCARE, A DIVISION OF FNF SERVICING, INC PO Box 8068, Virginia Beach, VA 23450



AMOUNT \$ 12
CASH _____ CHARGE _____
CHECK # 030239
OVERAGE _____
COPY _____
NON - COM _____
CLERK AO
E