2011 048229

2011 SEP -1 AM 11:24

SECOND MORTGAGE CERTIFICATE OF RELEASE AND SATISFACTION

IHCDA LOAN NUMBER, LAST NAME: 249C15034720, Newsome

For valuable consideration, it is hereby certified that a certain mortgage in favor of Indiana Housing and Community Development Authority (FKA Indiana Housing Finance Authority) and executed by Tarsha Newsome, on the 18 day of October, 2005, which mortgage was duly recorded as Document Number 2005093213 and re-recorded as 2005111209 or in Mortgage Record - at page - in the office of the Recorder of Lake County, Indiana, on the 24 day of October, 2005 and re-recorded on the 20 day of December, 2005, is satisfied and the mortgage is hereby released, Dated this 4 day of August, 2011.

INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY
FKA INDIANA HOUSING FINANCE AUTHORITY

Signature
Kim A. Harris–Single Family Manager
Typed Name and Title

STATE OF INDIANA)
COUNTY OF) SS:
--------MARION--------)

Before me, a Notary Public in and for said County and State this 4 day of August, 2011, personally appeared Kim A. Harris the Single Family Manager of the Indiana Housing and Community Development Authority (FKA Indiana Housing Finance Authority) and acknowledged the execution of the foregoing Certificate of Release and Satisfaction for and on behalf of the Indiana Housing and Community Development Authority.

STAMP

SARA M. HAWK
Notary Public, State of Indiana
Marion County
My Commission Expires
July 05, 2013

Signature, Notary Public
Sara M. Hawk
Typed Name

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!
STOP

This instrument prepared by Mark J Wuellner (25885-49), Indiana Housing and Community Development Authority, 30 South Meridian Street, Suite 1000, Indianapolis, IN 46204, (317) 232-7777.

Please return recorded document to:
Indiana Housing and Community Development Authority
30 South Meridian Street, Suite 1000
Indianapolis, IN 46204

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law, Kim A. Harris.

AMOUNT $ 13.00
CASH ____ CHARGE ____
CHECK # 50963
OVERAGE ____
COPY ____
NON-COM ____
CLERK LR

IRR

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