

2011 068334

2011 DEC -1 AM 9:15

MICHELLE R. FAJMAN
RECORDER



RELEASE OF MORTGAGE

This certifies, that a certain mortgage executed by LINDA M NOLAN, of the City of CROWN POINT County of LAKE State of IN to

SPRINGLEAF FINANCIAL SERVICES OF INDIANA, INC.
FORMERLY KNOWN AS AMERICAN GENERAL FINANCIAL SERVICES, INC.
11315 BROADWAY STE C
CROWN POINT, IN 46307-7104

County, LAKE, on DECEMBER 26, 2007, securing the principal sum, of \$ 42,689.50 and duly recorded in Mortgage Book _____, Page _____, or as Instrument Number 2007 100690, in the Office of the LAKE County, INDIANA has been fully paid and satisfied, and same is hereby released.

IN WITNESS WHEREOF, the Undersigned has hereunto set its hand by its properly authorized offices this 28th day of November, 2011.

SPRINGLEAF FINANCIAL SERVICES OF INDIANA, INC.
FORMERLY KNOWN AS AMERICAN GENERAL FINANCIAL SERVICES, INC.

By [Signature]
Branch Manager and Attorney-in-Fact

STATE OF INDIANA
COUNTY OF LAKE

This Document is the property of the Lake County Recorder!

The undersigned, a Notary Public, in and for the State and County aforesaid, does hereby certify that the foregoing Release was this day produced to me in said County and State and acknowledged by DANIEL E. MCCAULEY Branch Manager and Attorney-in-Fact, of said SPRINGLEAF FINANCIAL SERVICES OF INDIANA, INC., FORMERLY KNOWN AS AMERICAN GENERAL FINANCIAL SERVICES, INC., to be the act and deed of SPRINGLEAF FINANCIAL SERVICES OF INDIANA, INC., FORMERLY KNOWN AS AMERICAN GENERAL FINANCIAL SERVICES, INC., and the act and deed of DANIEL E. MCCAULEY, Branch Manager and Attorney-in-Fact.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 28th day of NOVEMBER, 2011.

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. My Commission expires: 10/23/16

[Signature] Notary Public, LAKE County, State of Indiana
(name) Shari L. Stevenson

This instrument was prepared by SHARI L. STEVENSON, SPRINGLEAF FINANCIAL SERVICES OF IN, INC.

[Signature]
(Signed)

AMOUNT \$ 12⁰⁰
CASH _____ CHARGE _____
CHECK # 294504393
OVERAGE _____
COPY _____
NON-COM _____
CLERK RM