

2013 022093

2013 MAR 26 AM 8:41

MICHAEL B. BROWN
RECORDER

↓
WHEN RECORDED MAIL TO:

PEDRO A. FUENTES
AZUCENA FUENTES
5022 HOMERLEE AVE
EAST CHICAGO IN 46312-3637

SATISFACTION OF MORTGAGE

Indiana

KNOW ALL MEN BY THESE PRESENTS that STATE FARM BANK, FSB holder of a certain mortgage to secure the amount of \$15,000.00, 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: PEDRO A. FUENTES AND AZUCENA FUENTES; AS HUSBAND AND WIFE

Original Mortgagee: STATE FARM BANK, FSB

Dated: 2-28-08

Date Recorded: 3-26-08

Book: N/A

Page: N/A

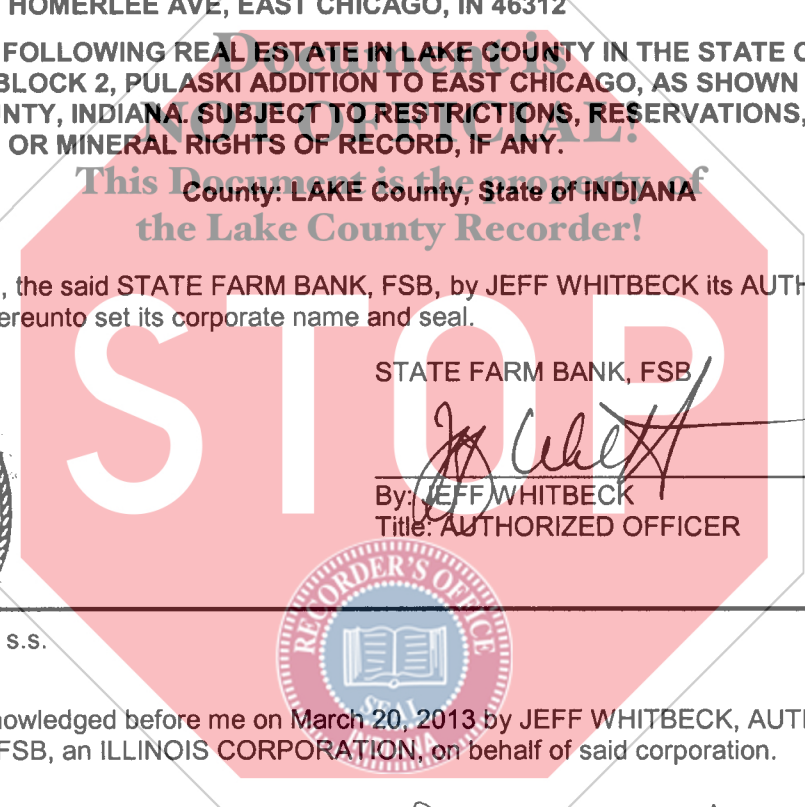
Document/Instrument #: 2008 021298

Property Address: 5022 HOMERLEE AVE, EAST CHICAGO, IN 46312

Legal Description: THE FOLLOWING REAL ESTATE IN LAKE COUNTY IN THE STATE OF INDIANA, TO WIT: LOTS 36 AND 37, BLOCK 2, PULASKI ADDITION TO EAST CHICAGO, AS SHOWN IN PLAT BOOK 11, PAGE 31, IN LAKE COUNTY, INDIANA. SUBJECT TO RESTRICTIONS, RESERVATIONS, EASEMENT, COVENANTS, OIL, GAS OR MINERAL RIGHTS OF RECORD, IF ANY.

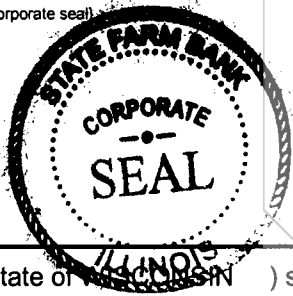
Pin #: N/A

County: LAKE County, State of INDIANA



IN WITNESS WHEREOF, the said STATE FARM BANK, FSB, by JEFF WHITBECK its AUTHORIZED OFFICER on March 20, 2013 has hereunto set its corporate name and seal.

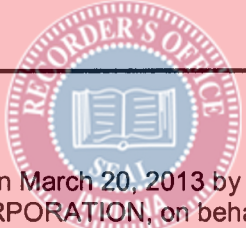
(corporate seal)



STATE FARM BANK, FSB

By: Jeff Whitbeck
Title: AUTHORIZED OFFICER

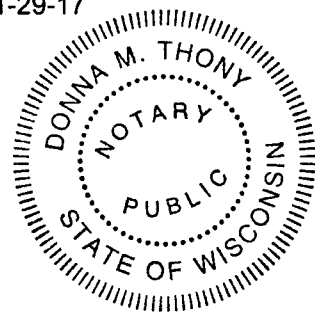
State of Wisconsin) s.s.
County of DANE)



This instrument was acknowledged before me on March 20, 2013 by JEFF WHITBECK, AUTHORIZED OFFICER of STATE FARM BANK, FSB, an ILLINOIS CORPORATION, on behalf of said corporation.

Donna M. Thony
DONNA M THONY
Notary Public, State of Wisconsin
My commission expires 1-29-17

This Instrument was Prepared By:
State Farm Bank
PO Box 5961
Madison, WI 53705-0961
ERIN SUMMERS, Paid Loan Processor
(877) 638-0158 x5598



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. Erin Summers, Paid Loan Processor

AMOUNT \$ 12⁰⁰
CASH _____ CHARGE _____
CHECK # 819023
OVERAGE _____
COPY _____
NON-COM _____
CLERK ror E