STATE OF INC. LAKE COUNT. FILED FOR RECORD

2013 048855

2013 JUL -5 AM 9: 51

MICHAL 31 V V 14 RECORDER

WHEN RECORDED MAIL TO:

EDUARDO ARIZMENDI ANGELA C ARIZMENDI 4843 CAROLINA ST GARY IN 46409-2538

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 \$25,000.00, 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.

EDUARDO ARIZMENDI AND ANGELA C ARIZMENDI; AS HUSBAND AND WIFE Original Mortgagor:

STATE FARM BANK, FSB Original Mortgagee:

FARM

CORPORATE

/LLIMO

Dated: 02/06/2006 **Date Recorded: 03/01/2006**

Document/Instrument #: 2006 016475 Book: N/A Page: N/A

Property Address: 4843 CAROLINA ST, GARY, IN 46409 11 1 1S

Legal Description: LOT 24, BLOCK 4, GEORGETOWN ADDITION, A SUBDIVISION IN THE CITY OF GARY, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 30, PAGE(S) 17, IN THE RECORDS IN THE OFFICE

OF THE RECORDER OF LAKE COUNTY INDIANAL is the property of

the County: LAKE County, State of INDIANA Pin #: 25-43-0422-0024

IN WITNESS WHEREOF, the said STATE FARM BANK, FSB, by BRIAN J. COVELLI its AUTHORIZED

OFFICER on June 24, 2013 has hereunto set its corporate name and seal.

STATE FARM BANK, FSB

By: BRIAN J. COVELLI Title: AUTHORIZED OFFICER

State of WISCONSIN) s.s County of DANE

This instrument was acknowledged before me on June 24, 2013 by BRIAN J. COVELLI, AUTHORIZED OFFICER of STATE FARM BANK, FSB, an ILLINOIS CORPORATION, on behalf of said corporation.

SON LEIBFRIED

Notary Public, State of Wisconsin My commission expires 11-6-16

This Instrument was Prepared By: State Farm Bank PO Box 5961 Madison, WI 53705-0961 SAMANTHA ADAMS, Paid Loan Processor (877) 638-0158 x5541

JASON LEIBFRIED **NOTARY PUBLIC** STATE OF WISCONSIN

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. SAMANTHA ADAMS, Paid Loan Processor

	AMOUNT \$	12-06
ニ		CHARGE
	CHECK #_	832840
	OVERAGE.	
	COPY	
	NON-COM	
	CLERK	M. E