

2013 090482

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 DEC 10 AM 11:52

MICHAEL B. BROWN
RECORDER

Release of Mortgage



WFHM - CLIENT WFF #:500000073362303 "STANFIELD" Lender ID:RC1 Lake, Indiana
KNOW ALL MEN BY THESE PRESENTS that Wells Fargo Bank, N.A., holder of a certain Mortgage to secure the amount of \$10,025.00 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: ALMER M. STANFIELD
Original Mortgagee: FIRST METROPOLITAN BUILDERS OF AMERICA, INC.
Dated: 05/23/1997 Recorded: 10/30/1997 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 97073701, In the offices of the County Recorder of Lake County, in the State of Indiana

Property Address: 441 FILLMORE ST, GARY, IN 46402

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

Wells Fargo Bank, N.A.
On November 21st, 2013

By: [Signature]
Lynn A. Burt, Vice President Loan
Documentation

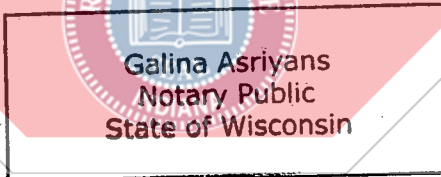


STATE OF Wisconsin
COUNTY OF Milwaukee

On November 21st, 2013, before me, GALINA ASRIYANS, a Notary Public in and for Milwaukee in the State of Wisconsin, personally appeared Lynn A. Burt, Vice President Loan Documentation, 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,

[Signature]
GALINA ASRIYANS
Notary Expires: 10/15/2014



(This area for notarial seal)

This instrument was prepared by:
Carol Mane, WELLS FARGO X9400-L1C, 11200 W PARKLAND AVE, MILWAUKEE, WI 53224 800-262-5294
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. Carol Mane.

When Recorded Return To:
LIEN RELEASE DEPT, WELLS FARGO MAC X9400-L1C P.O. BOX 245018, MILWAUKEE, WI 53224



AMOUNT \$ 12⁰⁰
CASH _____ CHARGE _____
CHECK# 1006259352
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY [Signature]