

2014 004160

2014 JAN 23 AM 10:46

MICHAEL B. BROWN
RECORDER



Release of Mortgage

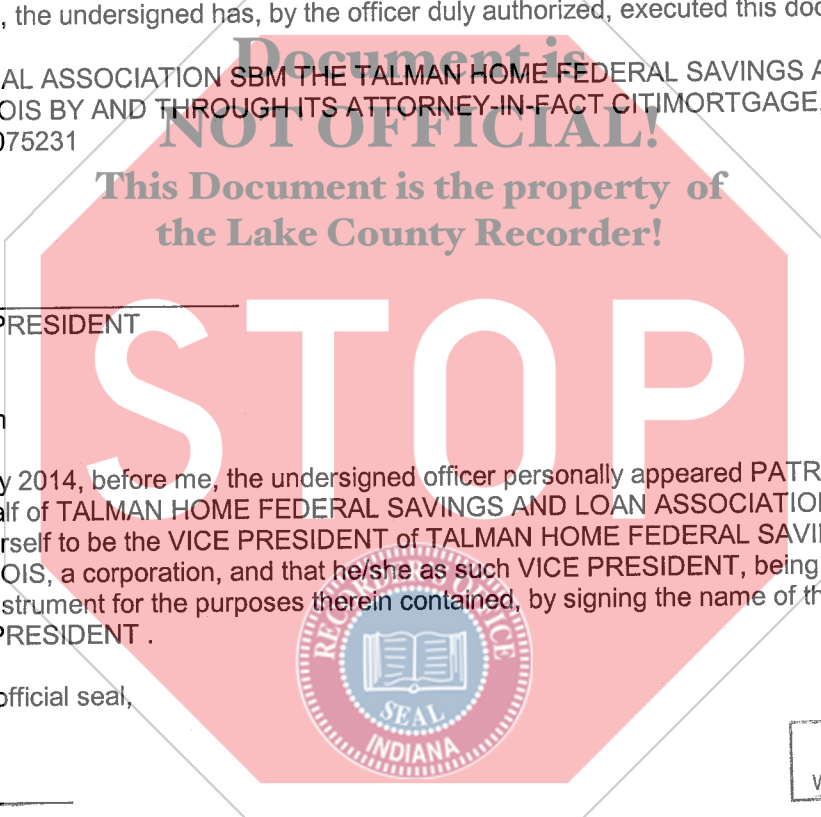
CITIMORTGAGE, INC. #1119871871 "SANDERS" Lender ID:05917/1130304875 Lake, Indiana
KNOW ALL MEN BY THESE PRESENTS that LASALLE BANK NATIONAL ASSOCIATION SBM THE TALMAN HOME FEDERAL SAVINGS AND LOAN ASSOCIATION OF ILLINOIS BY AND THROUGH ITS ATTORNEY-IN-FACT CITIMORTGAGE, INC., holder of a certain Mortgage to secure the amount of \$40,600.00 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: ALVIN E SANDERS
Original Mortgagee: LAKE MORTGAGE COMPANY, INC.
Dated: 07/31/1987 Recorded: 08/07/1987 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 931942, In the offices of the County Recorder of Lake County, in the State of Indiana

Property Address: 2044 W 50TH AVE, GARY, IN 46408

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

LASALLE BANK NATIONAL ASSOCIATION SBM THE TALMAN HOME FEDERAL SAVINGS AND LOAN ASSOCIATION OF ILLINOIS BY AND THROUGH ITS ATTORNEY-IN-FACT CITIMORTGAGE, INC. POA: 11/04/2008 as Instrument No.: 2008 075231
On January 9th, 2014



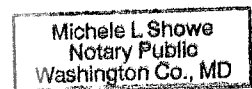
By: [Signature]
PATRICIA DEAN, VICE PRESIDENT

STATE OF Maryland
COUNTY OF Washington

On this 9th day of January 2014, before me, the undersigned officer personally appeared PATRICIA DEAN, who made acknowledgment on behalf of TALMAN HOME FEDERAL SAVINGS AND LOAN ASSOCIATION OF ILLINOIS, who acknowledges himself/herself to be the VICE PRESIDENT of TALMAN HOME FEDERAL SAVINGS AND LOAN ASSOCIATION OF ILLINOIS, a corporation, and that he/she as such VICE PRESIDENT, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself/herself as VICE PRESIDENT.

WITNESS my hand and official seal,

[Signature]
MICHELE L SHOWE
Notary Expires: 01/03/2017



(This area for notarial seal)

This instrument was prepared by:
LACRAMIOARA DRAGHICI, VERDUGO TRUSTEE SERVICE CORP PO BOX 10003, HAGERSTOWN, MD 21747-0003 1-800-283-7918

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. LACRAMIOARA DRAGHICI.

When Recorded Return To:
ALVIN E SANDERS, 2044 W 50TH AVE, GARY, IN 46408-4228



AMOUNT \$ 12⁰⁰
CASH _____ CHARGE _____
CHECK # 162993485
OVERAGE _____
COPY _____
NON-COM _____
CLERK Sp