RELÊASE OF MORTGAGE OR TRUST DEED BY CORPORATION(**INDIANA**

201 5 019089

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 APR - 1 AM 9: 08

MICHAEL B. BROWN RECORDER

FOR THE PROTECTION OF THE OWNER, THIS **RELEASE** SHALL BE FILED WITH THE RECORDER OF DEEDS OR THE **REGISTRAR OF TITLE IN** WHOSE OFFICE THE MORTGAGE OF DEED OF

ABOVE SPACE FOR RECORDER'S USE ONLY

KNOW ALL MEN BY THESE PRESENTS, that HealthCare Associates Credit Union

of the County of

DuPage and the State of Illinois or and in consideration of the payment of the indebtedness secured by the Mortgage hereinafter mentioned, and the cancellation of all the notes thereby secured, and of the sum of one dollar, the receipt whereof is hereby acknowledged, does hereby REMISE, RELEASE, CONVEY and QUIT CLAIM unto:

ALMIR UMAR AKA ALMIR A. UMAR AND SANDRA UMAR AKA SANDRA E. UMAR, HUSBAND AND WIFE
heirs, legal representatives and assigns, all the right, title, interest, claim or demand whatsoever may have acquired in, through or by a certain mortgage, bearing date the 25TH day of and recorded in the Recorder's Office of LAKE County, in the State of INDIANA, as document to the premises therein described as follows, situated in the County of LAKE State of INDIANA, to wit:
LOT 3 IN SIKMA AND VAN DYKE ADDITION, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 56 PAGE 11, INTHE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.
rogether with all the appurtenances and privileges thereunto belonging or appertaining. Permanent Real Estate Index Number(s): 45-07-10-451-003.000-023
Address of premises: 3618 171st St Hammond, IN 46323
Witness hands and seal this 25TH day of FEBRUARY , 2015 Jean Morris - Lending Manager
Jean worns - Length wanager

This instrument was prepared by HealthCare Associates Credit Union, 1151 East Warrenville Road, Naperville, Illinois 60563

w 'v.		
STATE OF ILLINOIS		
COUNTY OFDUPAGE		
CHRISTINE OLIVER	, a notary public in and for said County, in the State	
aforesaid DO HEREBY CERTIFY that Jean Morris personally known to me to be the Lending Manager of HealthCare Associates Credit Union, an Illinois corporation, and Todd J. Niedermeier		
personally known to me to be the Senior VP/COO of said	corporation, and personally known to me to be the same	
persons whose names are subscribed to foregoing instrument, appeared before me this day in person and severally acknowledged that as such Lending Manager and Senior VP/COO they signed and delivered the		
said instrument as their free and voluntary act, and as the free and voluntary act of said corporation, for the uses and purposes therein set forth.		
GIVEN under my hand and official seal, this 25TH My commission expires: JANUARY 6, 2019	day of FEBRUARY 2015	
	CHRISTINE OLIVER NOTARY PUBLIC	
OFFICIAL SEAL CHRISTINE OLIVER IOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires 01/06/2019 HEALTHCARE ASSOCIATES CREDIT UNION 1151 EAST WARRENVILLE ROAD NAPERVILLE, IL 60563		

ТО

ALMIR UMAR
SANDRA UMAR
3618 171ST ST
HAMMOND, IN 46323

MAIL TO

HEALTHCARE ASSOCIATES CR UNION
1151 E WARRENVILLE RD
NAPERVILLE, IL 60563