

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 048886

2016 AUG -2 AM 9:44

MICHAEL B. BROWN
RECORDER

Release of Mortgage



WF HOME EQUITY #:65062476011998 "HUIZENGA" Lake, Indiana

KNOW ALL MEN BY THESE PRESENTS that WELLS FARGO BANK, N.A., holder of a certain Mortgage to secure the amount of \$72,000.00 whose parties, dates and recording information are below, does hereby acknowledge full payment and satisfaction of the same, and in consideration thereof, does hereby cancel and discharge said Mortgage.

Original Mortgagor: TODD R HUIZENGA AND KATHY L HUIZENGA

Original Mortgagee: WELLS FARGO BANK, N.A.

Dated: 11/29/2005 Recorded: 12/07/2005 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2005 107559,
In the offices of the County Recorder of Lake County, in the State of Indiana

Property Address: 12330 KINGFISHER, CROWN POINT, IN 46307-0000

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

WELLS FARGO BANK, N.A.
On July 26th, 2016

By: [Signature]
DEBRA CHRISTINE BOYD-KALER, Vice
President Loan Documentation

STATE OF Minnesota
COUNTY OF Hennepin

On July 26th, 2016, before me, TERRI LYNN WESTGARD, a Notary Public in and for Hennepin in the State of Minnesota, personally appeared DEBRA CHRISTINE BOYD-KALER, 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]
TERRI LYNN WESTGARD
Notary Expires: 01/31/2020



(This area for notarial seal)

This instrument was prepared by:

Debra Christine Boyd-kaler, WELLS FARGO BANK, N.A. 2701 WELLS FARGO WAY, X9901-L1R, MINNEAPOLIS, MN 55467 800-288-3212

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. Debra Christine Boyd-kaler.

When Recorded Return To:

LIEN RELEASE DEPT, WELLS FARGO BANK, N.A. MAC X9901-L1R P.O. BOX 1629, MINNEAPOLIS, MN 55440-9790

AMOUNT \$ 12.00
CASH _____ CHARGE _____
CHECK# 9921338
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY [Signature]

E