2016 057700

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 AUG 25 AM 8:42

MICHAEL B. BROWN
RECORDER

Release of Mortgage

WFHM - CLIENT WFF #:89365432471040001 "HARRIS" Lender ID:ECR Lake, Indiana

KNOW ALL MEN BY THESE PRESENTS that Wells Fargo Bank, N.A., holder of a certain Mortgage to secure the amount of $20,000.00 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: MADISON HARRIS JR AND VERLIE HARRIS
Original Mortgagee: WELLS FARGO BANK, N.A.
Dated: 07/09/2002 Recorded: 07/26/2002 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2002 066938, In the offices of the County Recorder of Lake County, in the State of Indiana

Property Address: 3829 DRUMMOND ST, EAST CHICAGO, IN 46312

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

Wells Fargo Bank, N.A.
On August 10th, 2016

Document is
NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!
STOP

By: _____
DARLA LAVIGNE PHILIPCZYK, Vice President
Loan Documentation

STATE OF Minnesota
COUNTY OF Hennepin

On August 10th, 2016, before me, DEBRA CHRISTINE BOYD-KALER, a Notary Public in and for Hennepin in the State of Minnesota, personally appeared DARLA LAVIGNE PHILIPCZYK, 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,

RECORDER'S OFFICE SEAL INDIANA

DEBRA CHRISTINE BOYD-KALER
NOTARY PUBLIC - MINNESOTA
MY COMMISSION EXPIRES 01/31/2017

_____
DEBRA CHRISTINE BOYD-KALER
Notary Expires: 01/31/2017

(This area for notarial seal)

This instrument was prepared by:
Darla Lavigne Philipczyk, WELLS FARGO 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. Darla Lavigne Philipczyk.

When Recorded Return To:
LIEN RELEASE DEPT, WELLS FARGO MAC X9901-L1R P.O. BOX 1629, MINNEAPOLIS, MN 55440-9790

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