

2019 061239

2019 SEP 10 AM 8:59

MICHAEL B. BROWN
RECORDER



Release of Mortgage

WFHM - CLIENT 936 #:0330478827 "HART" Lender ID:61A876/1715060990 Lake, Indiana
KNOW ALL MEN BY THESE PRESENTS that Wells Fargo Bank, N.A., holder of a certain Mortgage to secure the amount of \$178,450.00 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: NATHAN HART AND REBECCA HART
Original Mortgagee: WELLS FARGO BANK, N.A.
Dated: 10/27/2011 Recorded: 11/02/2011 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2011061052,
In the offices of the County Recorder of Lake County, in the State of Indiana

Property Address: 7305 W 90TH LANE, CROWN POINT, IN 46307

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

Wells Fargo Bank, N.A.
On August 30th, 2019

By:
KIMBERLY WHITE, Vice President
Documentation



STATE OF California
COUNTY OF San Bernardino

On August 30th, 2019 before me, REBEKA ELIZABETH EADY, Notary Public, personally appeared KIMBERLY WHITE, who 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(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal,

REBEKA ELIZABETH EADY
Notary Expires: 07/02/2021 #2203740



(This area for notarial seal)

This instrument was prepared by:
Kimberly White, WELLS FARGO BANK, N.A. E0501-042, 1003 E BRIER DR, SAN BERNARDINO, CA 92408
800-572-3358

When Recorded Return To:
LIEN RELEASE DEPT, WELLS FARGO BANK, N.A. MAC F2302-048 P.O. BOX 14469, DES MOINES, IA
50306-9655



AMOUNT \$ 85.00
CASH _____ CHARGE _____
CHECK # 9024881012
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY AR

E