

2020-073318

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MICHAEL B BROWN  
RECORDER

2020 Oct 14 8:42 AM

3

SATISFACTION OF MORTGAGE/LIEN RELEASE

Recording Requested By:  
Centier Bank  
600 E. 84<sup>th</sup> Ave.  
Merrillville, IN 46410

When Recorded Mail To:  
Centier Bank  
Attn: Loan Servicing  
600 E. 84<sup>th</sup> Ave.  
Merrillville, IN 46410

State of Indiana

MIN: 1005379-0000040977-2      MERS Phone: 1-888-679-6377

KNOW ALL MEN BY THESE PRESENTS that Mortgage Electronic Registration Systems, Inc., as nominee for the beneficial owner, whose address is P.O. Box 2026, Flint MI 48501-2026, holder of a certain mortgage, whose parties, dates and recording information are below, does hereby acknowledge that the beneficial owner has received full payment and satisfaction of the same, and in consideration thereof, does hereby cancel and discharge said mortgage.

**Mortgagor:** David I Torres and Olivia A Tarleton, Joint Tenants With Right of Survivorship  
**Mortgagee:** Mortgage Electronic Registration Systems, Inc. as nominee for Centier Bank, its Successors and Assigns

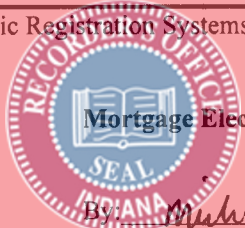
**Dated:** January 17, 2020  
**Date Recorded:** January 27, 2020  
**Document/Instrument#:** 2020-006564  
**Book/Liber/Reel#:** N/A

**County:** Lake      **Page No.:** N/A  
**State:** Indiana

**Legal Description:**  
**Name of Recording Jurisdiction:**

**SEE LEGAL DESCRIPTION ATTACHED HERETO AND MADE A PART HEREOF AS "EXHIBIT A".**  
**APN #: 45-17-07-181-001.000-047**

IN WITNESS WHEREOF, the said Mortgage Electronic Registration Systems, Inc., by the officer duly authorized, has duly executed the foregoing instrument on October 1, 2020.



Mortgage Electronic Registration Systems, Inc.

BY: *Michael McKean*  
Michael McKean  
Assistant Secretary

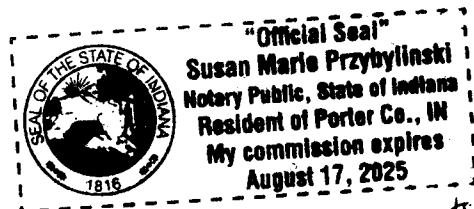
State of Indiana, County of Lake, SS

On October 1, 2020, before me appeared Michael McKean, personally known to me to be the Certifying Officer of Mortgage Electronic Registration Systems, Inc. of Centier Bank, who resides at P.O. Box 2026, Flint, MI 48501-2026, and that he signed this Satisfaction of Mortgage pursuant to the authority of said organization, as his free and voluntary act and deed, and as the free and voluntary act and deed of said organization, for the uses and purposes therein set forth.

Witness my hand and seal: *Susan Marie Przybylinski*, Notary for the State of Indiana.

This instrument prepared by Sue Przybylinski, Centier Bank, 600 E. 84<sup>th</sup> Ave., Merrillville, IN 46410. 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.  
*Sue Przybylinski*, Sue Przybylinski of Centier Bank.      90030022-70000

Return Release To: Centier Bank, Attn: Loan Servicing, 600 E. 84<sup>th</sup> Avenue, Merrillville, IN 46410



\$25  
#1498570  
TS  
E



EXECUTED AND DELIVERED in my presence:

Jane Compton [ Witness's Signature]

Witness: Jane Compton [Witness's Printed Name]

STATE OF INDIANA )

) SS:

COUNTY OF LAKE \_\_\_\_\_ )

Before me, a Notary Public in and for said County and State, personally appeared Jane Compton [Witness's Name], being known to me to be the person whose name is subscribed as a witness to the foregoing instrument, who, being duly sworn by me, deposes and says that the foregoing instrument was executed and delivered by Michael McKean [Grantor's or other Signer's Name] in the above-named subscribing witness's presence, and that the above-named subscribing witness is not a party to the transaction described in the foregoing instrument and will not receive any interest in or proceeds from the property that is the subject of the transaction.

Witness my hand and Notarial Seal this 11 day of October, 2020.

Teri Mulholland

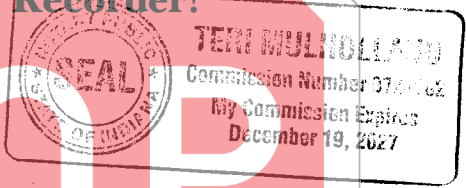
[Notary Public's Signature]  
Teri Mulholland

[Notary Public's Printed Name]  
Notary Public - State of Indiana

Residing in Lake County \_\_\_\_\_

My Commission Expires: December 19, 2027

Commission No. 0724182



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. Sue Przybylinski [Preparer's Name]

Instrument prepared by: Sue Przybylinski 219-755-0670 Ext 5130  
[PREPARER'S NAME and contact information]

