Prepared By:Vijay Duvey
RECORDING REQUESTED BY:
Dovenmuchie Mortgage, Inc.
1 Corporate Drive,Suite 360
Lake Zurich,II 60047

AND WHEN RECORDED MAIL TO:
Dovenmuehle Mortgage, Inc.
1 Corporate Drive, Suite 360
Lake Zurich, IL 60047

2020 Dec 8

2020-089537

8:32 AM

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

Loan Number: 1457716312

Lender ID:73B

MORTGAGE RELEASE SATISFACTION AND DISCHARGE DOCUMENT 1S

IN CONSIDERATION of the payment and full satisfaction of all indebtedness secured by that certain Mortgage described below, BMO HARRIS BANK NATIONAL ASSOCIATION, holder of said Mortgage, does hereby release, satisfy, and discharge said Mortgage in full and foes hereby consent that the same be canceled and discharged of record. Borrower(s): JAIMIE R. JUAREZ FKA JAMIE R. O'DAY, A MARRIED WOMAN Amount of Note: \$114,000.00 Date of Mortgage: 05/22/2015 Recording Date: 06/10/2015 Instrument No: 2015 036056 Book: N/A

Page: N/A

Property Address: 353 W 72ND PL, MERRILLVILLE IN,46410 and recorded in the official records of LAKE County, State of Indiana affecting Real Property and more particular, described on said Mortgage referred to herein.

IN WITNESS WHEREOF, the undersigned has caused these presents to be executed on this date of 10/30/2020.

BMO HARRIS BANK NATIONAL ASSOCIATION

By: DAVID Q FAGAN, VICE PRESIDENT

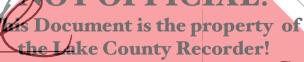
Garry Schwab

25+ 1640909 STATE OF Illinois
COUNTY OF LAKE

On 10/30/2020 Before me KELLY B BRAND, Notary Public, personally appeared DAVID Q FAGAN, VICE PRESIDENT of

BMO HARRIS BANK NATIONAL ASSOCIATIONpersonally known to me (or proved to me on the basis of satisfactory evidence), to be the person

whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument, the person or entity upon behalf of which the person acted, executed the instrument. Witness my hand and official seal. laffirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security Number in this document unless required by law.



KELLY B BRAND, Notary Public

My Commission Expires: 12/30/2022





CERTIFICATE OF PROOF

	1		
CERTIFIC	CATE OF PRO	OOF	
WITNESS to the signature (s) on the foregoin	g instrumen	t to which this Pro	oof is attached.
Margina Malausti Witness Signature			
Margarita Maiewski			: :
Witness Printed Name			
PROOF:			
STATE OF T. LLINDIS			
COUNTY OF CAKE DOCI	ıment	is	
NOTO	FFIC	IAL!	תמקה תב
personally appeared the above-named WITN duly sworn, did depose and say that he/she	ESS to the formation of	regoing instrume ESS- MACON	all deuxiti to
be the individual(s) described in and who exe WITNESS was present and saw said GRANTO the same: and the said WITNESS at same tim	R(S)-	UID Q. THE	execute
NOTARY PUBLIC SIGNATURE	DER'S		
KNOTINE R I'M REINE			
NOTARY PRINTED NAME	SEAL		
Notary Name exactly as Commission Notary Public- State of Seal	WOJANA	OFFIC Notary Publi My Comm	R. HARTMAN CIAL SEAL c, State of Illinois ission Expires per 01, 2023
My Commission Expires: 11-1-2023 Commission No: 318787			
and the second s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	papakan da	