## NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL RECORDER STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 2021-017504

2021 Feb 26 8:50 AM

Prepared By: Mukesh Tiwari RECORDING REQUESTED BY: Dovenmuehle 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

Loan Number: 4011296490 Lender ID:74S

MORTGAGE RELEASE SATISFACTION AND DISCHARGE

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 does hereby consent that the same be canceled and discharged of record. Borrower(s): HAROLD O GOODLETT JR AND CHIANNA T GOODLETT, HUSBAND AND WIFE Amount of Note: \$9,471.00 Date of Mortgage: 07/01/2014 Recording Date: 07/21/2014 Instrument No: 2014 043068 Book: N/A Page: N/A

Property Address: :1300 CASS ST, GARY IN,46403 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.

Peconder IN WITNESS WHEREOF, the undersigned has caused these presents to be executed on this date of 01/28/2021

BMO HARRIS BANK NATIONAL ASSOCIATION

By: BETTINA HONOLD, AUTHORIZED SIGNER

Kathyser

Kathy Serra

## **NOT AN OFFICIAL DOCUMENT**

STATE OF Illinois
COUNTY OF LAKE

. On 01/28/2021 Before me JESSICA M STRATEJCRUK, Notary Public, personally appeared BETTINA HONOLD, \*\*
AUTHORIZED SIGNER of

BMO HARRIS BANK NATIONAL ASSOCIATION personally 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. lafitm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security Number in this document unless required by law.

Jessica M STRATEJCRUK, Notary Public
My Commission Expires: 7/27/2024



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## CERTIFICATE OF PROOF

WITNESS to the signature (s) on the foregoing instrument to which this Proof is attached.

1	
Marganta Maleuski	
Witness Signature	
Margarita Malewski	
Witness Printed Name	
Q	
PROOF:	
STATE OF THE PROIS	
STATE OF	_
COUNTY OF LAKE	
COUNTY OF	_
26 11 11 11 11 11 11	1 State Based on D) 178 (719)
Before me a Notary Public in and for said County and personally appeared the above-named WITNESS to the same of th	the foregoing instrument, who heing by me
duly sworn, did depose and say that he/she knows \	WITNESS-Margarita Malewski to
be the individual(s) described in and who executed,	he foregoing instrument; that said
WITNESS was present and saw said GRANTOR(S)	
the same: and the said WITNESS at same time subsc	
	7
	(0)
Water Surveyerla	COA
NOTARY PUBLIC SIGNATURE	0
Michael Biolosticuski	40/
NOTARY PRINTED NAME	
	MICHAEL GOLASZEWSKI
Notary Name exactly as Commission	OFFICIAL SEAL Notary Public, State of Illinois
Notary Public- State of	My Commission Expires November 17, 2023
6	1.376111001 17, 2020