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2022-508086 02/23/2022 02:58 PM TOTAL FEES: 25.00 BY: SP PG #: 2

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD GINA PIMENTEL RECORDER

REGIONS BANK#: 0001898060597 "EVANS" 307/767 0921147902 Lake, Indiana

MIN #:100032413515063233 SIS #: 1-888-679-6377

KNOW ALL MEN BY THESE PRESENTS that MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., AS MORTGAGEE, AS NOMINEE FOR UNITED WHOLESALE MORTGAGE, ITS SUCCESSORS AND ASSIGNS, holder of a certain Mortgage to secure the amount of \$117,000.00 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: RONALD L EVANS and MARY R EVANS, husband and wife Original Mortgagee: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., AS MORTGAGEE, AS NOMINEE FOR UNITED WHOLESALE MORTGAGE, ITS SUCCESSORS AND ASSIGNS Dated: 02-10-2015 Recorded: 03-18-2015 as Instrument No. 2015 014845, Book/Reel/Liber N/A, Page/Folio N/A, In the offices of the County Recorder of Lake County, in the State of Indiana

MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. has a physical address at 1901 VOORHEES ST, SUITE C, DANVILLE, IL 61834 and a mailing address at PO BOX 2026. FLINT, MI 48501-2026

Property Address: 1027 N LAKESHORE DRIVE, CROWN POINT, IN 46307

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

MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., AS MORTGAGEE, AS NOMINEE FOR UNITED WHOLESALE MORTGAGE, ITS SUCCESSORS AND ASSIGNS

On February 16th, 2022

DENISE MCLAURIN, Assistant Vice-President

STATE OF Mississippi COUNTY OF Lamar

Count On February 16th, 2022, before me, SHAREN GARRARD, a Notary Public in and for Lamar in the State of Mississippi, personally appeared DENISE MCLAURIN, Assistant Vice-President of MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., AS MORTGAGEE, AS NOMINEE FOR UNITED WHOLESALE MORTGAGE, ITS SUCCESSORS AND ASSIGNS, 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.

HEN GA

WITNESS my hand and official seal,

SHAREN GARRARD Notary Expires: 3/4/2025 #118571

The mailing address to which statements should be mailed under IC 6-1.1-22-8.1 is 1027 N LAKESHORE DR CROWN POINT, IN, 46307. The mailing address of the grantee is 1027 N LAKESHORE DR., CROWN POINT, IN, 46307.

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This instrument was prepared by: RHONDA BOUNDS, REGIONS BANK, P O BOX 18001, HATTIESBURG, MS, 39404-8001 (800) 986-2462 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. RHONDA BOUNDS.

When Recorded Return To: DONNA BURCH, REGIONS BANK, P O BOX 18001, 5214 LINCOLN RD EXT, HATTIESBURG, MS 39404-8001



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