

NOT AN OFFICIAL DOCUMENT

Record and Return To:

Peoples Bank - Indiana
9204 Columbia Ave
Munster IN 46321

2023-502090
01/23/2023 10:56 AM
TOTAL FEES: 25.00
BY: JAS
PG #: 1

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

This instrument was Prepared By:

Peoples Bank - Indiana
ANTOINETTE S SHETTLES
9204 Columbia Ave
Munster IN 46321
(219)853-7500

Loan #: **60800327777**

MORTGAGE RELEASE SATISFACTION AND DISCHARGE

IN CONSIDERATION of the payment and full satisfaction of all indebtedness secured by that certain Mortgage described below, **Peoples Bank F/K/A Peoples Bank SB,**, 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): **THERESA MDYBEL**

Date of Mortgage: **11/27/2001** Recording Date: **12/10/2001** Instrument No: **2001 100915**

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, this instrument was executed, signed and delivered by the undersigned effective **01/23/2023**.

PEOPLES BANK 9204 COLUMBIA AVE MUNSTER IN 46321


By: _____
Name: **Karen M Sulek**
Title: **VP, Loan Operations**

STATE OF **Indiana** } s.s.
COUNTY OF **Lake**

On **01/23/2023**, before me, **Barbara Sarnowski**, Notary Public, personally appeared **Karen M Sulek, VP, Loan Operations** of **PEOPLES BANK 9204 COLUMBIA AVE MUNSTER IN 46321**, personally known to me (or proved to me the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she/he/they executed the same in her/his/their authorized capacity(ies), and that by her/his/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.


Notary Public: **Barbara Sarnowski**
My Commission Expires: **06/26/2029**
Commission #: **NP0645005**



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 **ANTOINETTE S SHETTLES**