

# NOT AN OFFICIAL DOCUMENT

**Record and Return To:**

Peoples Bank - Indiana  
9204 Columbia Ave  
Munster, IN 46321

2023-504436  
02/15/2023 11:37 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:**

**Barbara Sarnowski**  
Peoples Bank - Indiana  
9204 Columbia Ave  
Munster, IN 46321  
(219)853-7500

Loan #: **0260045030**

## 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): **Jovan Pamucar And Ruzica Pamucar Husband and Wife**

Date of Mortgage: **07/24/2015** Recording Date: **08/06/2015** Instrument No: **2015 052691**

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 **02/15/2023**.

**Peoples Bank**

  
By: \_\_\_\_\_

Name: **Karen M Sulek**  
Title: **VP-Loan Operations**

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

On **02/15/2023**, before me, **Barbara Sarnowski**, Notary Public, personally appeared **Karen M Sulek, VP-Loan Operations of Peoples Bank**, 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 penalties of perjury, that I have taken reasonable care to redact each social security number in this document unless required by law. **Barbara Sarnowski**