

# NOT AN OFFICIAL DOCUMENT

Record and Return To:  
Peoples Bank - Indiana  
9204 Columbia Ave  
Munster, IN 46321

This instrument was Prepared By:  
**Barbara Sarnowski**  
Peoples Bank - Indiana  
9204 Columbia Ave  
Munster, IN 46321  
(219)853-7500

2023-507340  
03/13/2023 02:54 PM  
TOTAL FEES: 25.00  
BY: SP  
PG #: 1

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
GINA PIMENTEL  
RECORDER

Loan #: 0260049713

## 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.

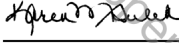
Borrower(s): **Robert H Sorge And Denise L Sorge As Co-Trustees of the Robert H. Sorge and Denise L. Sorge Trust Agreement dated September 15, 2011**

Date of Mortgage: **06/02/2017** Recording Date: **06/19/2017** Instrument No: **2017 037268**

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 **03/13/2023**.

**Peoples Bank**

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

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

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

On **03/13/2023**, 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**