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Recording Requested By: WASHINGTON MUTUAL BANK, F.A.

When Recorded Return To:

NOEL MAGADAN 1519 N BOSWORTH AVE CHICAGO, IL 60622



Eugene "Gene" Moore Fee: \$26.50 Cook County Recorder of Deeds Date: 07/02/2003 01:34 PM Pg: 1 of 2

Satisfaction

WASHINGTON MUTUAL - 150 #: 6015859294 "MAGADAN" Lender ID: A91/8015859294 Cook, Illinois MERS #: 100023839180843601 VRU #: 1-888-679-6377

KNOW ALL MEN BY THESE PRESENTS that MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR WASHINGTON MUTUAL HOME LOANS, INC. holder of a certain mortgage, whose parties, dates and recording information are below, does hereby acknowledge that it has received full payment and satisfaction of the same, and in consideration thereof, does hereby cancel and discharge said mortgage.

Original Mortgagor: NOEL MAGADAN AND EVA NAGADAN HUSBAND AND WIFE Original Mortgagee: MORTGAGE ELECTRONIC REGIST: ATION SYSTEMS INC

Dated: 06/14/2001 Recorded: 07/02/2001 as Instrument No.: 0010578873, in the county of Cook State of Illinois

Legal: LOT 20 IN STARR'S SUBDIVISION OF THE SOUTHEAGT 1/4 OF BLOCK 5 IN CANAL TRUSTEE'S SUBDIVISION OF THE WEST 1/2 OF SECTION 5, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT THE SOUTHEAST 1/4 OF THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4) IN COOK COUNTY, ILLINOIS.

Assessor's/Tax ID No. 17-05-101-023

Property Address: 1519N BOSWORTH AVE, CHICAGO, IL 60622

IN WITNESS WHEREOF, the undersigned, by the officer duly authorized, has duly executed the foregoing instrument.

MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR WASHINGTON MUTUAL HOME LOANS, INC.

On April 2rd, 2003

DEANA FRIEDEL, Assistant Secretary

*DNT*DTOLLEF*04/03/2003 11:36:12 AM* WAMU01WAMU000000000000000507249* ILCOOK* 8015859294 ILSTATE_MORT_REL *

Story CW

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STATE OF Wisconsin COUNTY OF Milwaukee

On April 3rd, 2003, before me, GALINA SHKLOVER, a Notary Public in and for Milwaukee County, in the State of Wisconsin, personally appeared DEANA FRIEDEL, Assistant Secretary, 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.

WITNESS my hand and official seal,

GALINA SHKLOVER Notary Expires: 01/15/2006

GALINA SHKLOVER NOTARY PUBLIC STATE OF WISCONSIN

(This area for notarial seal)

Prepared By: 414-359-9300 Diane Tollefson,

efson. WA.

Of Cooperation of Columnia Claratic Office. WASHINGTON MUTUAL BANK, F.A. 11200 WEST PARKLAND AVE, MILWAUKEE, WI 53224