

# UNOFFICIAL COPY

Recording Requested By:  
WASHINGTON MUTUAL BANK, FA



When Recorded Return To:

Washington Mutual  
PO BOX 45179  
JACKSONVILLE, FL 32232-5179

Doc#: 0525106145 Fee: \$26.50  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 09/08/2005 02:14 PM Pg: 1 of 1



### SATISFACTION

WASHINGTON MUTUAL - CLIENT 908 #:0611022104 "VALLO" Lender ID:F27/310/1688303725 Cook, Illinois PIF: 07/26/2005

**FOR THE PROTECTION OF THE OWNER, THIS RELEASE SHALL BE FILED WITH THE RECORDER OR THE REGISTRAR OF TITLES IN WHOSE OFFICE THE MORTGAGE OR DEED OF TRUST WAS FILED.**

KNOW ALL MEN BY THESE PRESENTS that WASHINGTON MUTUAL BANK, FA holder of a certain mortgage, made and executed by MARIGO VALLO, originally to BANC GROUP MORTGAGE CORPORATION, in the County of Cook, and the State of Illinois, Dated: 04/14/2003 Recorded: 05/14/2003 in Book/Sheet/Liber: N/A Page/Folio: N/A as Instrument No.: 0313435061, 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.

Assessor's/Tax ID No. 27-03-301-028-1003

Property Address: 9317 W 142ND ST, ORLAND PARK, IL 60462

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

WASHINGTON MUTUAL BANK, FA  
On August 4th, 2005

By:   
K MATHYS, Lien Release Assistant Secretary

STATE OF Florida  
COUNTY OF Duval

On August 4th, 2005, before me, the undersigned, a Notary Public in and for Duval in the State of Florida, personally appeared K MATHYS, Lien Release Assistant Secretary, personally known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. WITNESS my hand and official seal.

WITNESS my hand and official seal,

Notary Expires: 7 / 1



**Jarrod Bone**  
Commission # DD365376  
Expires October 24, 2008  
Bonded Troy Pain - Insurance, Inc. 800-385-7019

(This area for notarial seal)

Prepared By: Pamela Y Ingram, WASHINGTON MUTUAL BANK, FA, PO BOX 45179, JACKSONVILLE, FL 32232-5179 1-866-926-8937