## **UNOFFICIAL COPY**

Recording Requested By: WASHINGTON MUTUAL BANK FA

When Recorded Return To:

WASHINGTON MUTUAL PO BOX 45179 JACKSONVILLE, FL 32232-5179



Doc#: 0602356174 Fee: \$26.50 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds

Date: 01/23/2006 11:32 AM Pg: 1 of 1

SATISFACTION

WASHINGTON MUTUAL - CLIENT 136 #:0069558575 "HOWE" Lender ID:N49/072/601040103 Cook, Illinois PIF: 12/15/2005

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 THOMAS M HOWE AND JOANNE M HOWE, originally to WASHINGTON MUTUAL BANK, FA, in the County of Cook, and the State of Illinois, Dated: 05/03/2002 Recorded: 05/16/2002 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 0020563229, does hereby acknowledge that it has received full ray ment and satisfaction of the same, and in consideration thereof, does hereby cancel and discharge said mortgage.

Legal: LOT 84 AND THE NORTH HALF OF LOT 85 IN KOLSTER AND ZANDERS SAUGANASH SUBDIVISION OF PARTS OF LOTS 1 TO 4 INCLUSIVE, IN OGDEN AND JONES SUBDIVISION OF BRONSON'S TRACT IN CALDWELL'S RESERVE IN SECTION 3, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Assessor's/Tax ID No. 13-03-307-056-0000

Property Address: 5909 N KENNETH AVE, CHICAGO, IL 60646

IN WITNESS WHEREOF, the undersigned, by the officer duly authorized, has guly executed the foregoing instrument. - Tort's Orrice

WASHINGTON MUTUAL BANK, FA On December 28th, 2005

J Tate, Lien Release Assistant Secretary

STATE OF Florida COUNTY OF Duval

On December 28th, 2005, before me, the undersigned, a Notary Public in and for Duval in the State of Florida, personally appeared J Tate, 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.

S my hand and official seal.

Expires:



(This area for notarial seal)

Prepared By: Velida Medic, WASHINGTON MUTUAL BANK, FA, PO BOX 45179, JACKSONVILLE, FL 32232-5179 866-926-8937