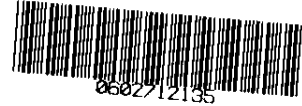


UNOFFICIAL COPY

Recording Requested By:
WASHINGTON MUTUAL BANK FA

When Recorded Return To:

WASHINGTON MUTUAL
PO BOX 45179
JACKSONVILLE, FL 32232-5179



Doc#: 0602712135 Fee: \$26.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 01/27/2006 03:49 PM Pg: 1 of 1



SATISFACTION

WASHINGTON MUTUAL - CLIENT 156 #:0695618793 "PEKOVIC" Lender ID:A59/258/0695618793 Cook, Illinois PIF: 12/19/2005

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 LONG BEACH MORTGAGE COMPANY holder of a certain mortgage, made and executed by SAMIR PEKOVIC, A MARRIED MAN, originally to LONG BEACH MORTGAGE COMPANY, in the County of Cook, and the State of Illinois, Dated: 07/07/2005 Recorded: 07/13/2005 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 0519441026, 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.


Legal: UNIT NO. 10-'C', IN ASTOR VILLA CONDOMINIUM, AS DELINEATED ON SURVEY OF LOTS 11 TO 14, IN BLOCK 3 IN CATHOLIC BISHOP OF CHICAGO LAKE SHORE DRIVE ADDITION, BEING A SUBDIVISION OF THE NORTH 18.83 CHAINS OF THE NORTH FRACTIONAL SECTION 3, TOWNSHIP 39 NORTH RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN.

Assessor's/Tax ID No. 17-03-102-033-1021

Property Address: 1430 N ASTOR STREET, CHICAGO, IL 60610

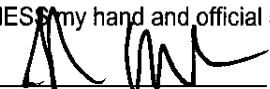
IN WITNESS WHEREOF, the undersigned, by the officer duly authorized, has duly executed the foregoing instrument.

LONG BEACH MORTGAGE COMPANY
On January 13th, 2006

By: 
D Green, Lien Release Assistant Secretary

STATE OF Florida
COUNTY OF Duval

On January 13th, 2006, before me, the undersigned, a Notary Public in and for Duval in the State of Florida, personally appeared D Green, 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: 1/1

NOTARY PUBLIC **Shannon Macklin**
Commission # DD428678
Expires May 11, 2009
STATE OF FLORIDA Bonded Troy Pain - Insurance, Inc. 800-365-7019

(This area for notarial seal)

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

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M
JFK