

UNOFFICIAL COPY

Recording Requested By:
WASHINGTON MUTUAL BANK, FA



When Recorded Return To:

Washington Mutual
PO BOX 45179
JACKSONVILLE, FL 32232-5179

Doc#: 0612206134 Fee: \$26.50
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 05/02/2006 01:51 PM Pg: 1 of 1



SATISFACTION

WASHINGTON MUTUAL - CLIENT 908 #:0631105707 "AGUILAR" Lender ID:F49/920/1694616067 Cook, Illinois PIF: 04/03/2006

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 KATHLEEN AGUILAR AND ROGELIO AGUILAR AND SHANNON O'ROURKE, originally to PACOR MORTGAGE CORP., in the County of Cook, and the State of Illinois, Dated: 12/30/2003 Recorded: 01/15/2004 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 0401520304, 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.

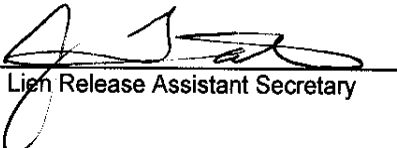
Legal: LOT 25 IN BLOCK 6 IN MARQUETTE ROAD TERRACE, A SUBDIVISION OF THE NORTH WEST QUARTER OF THE SOUTH EAST QUARTER AN PART OF THE NORTH EAST QUARTER OF THE SOUTH WEST QUARTER OF SECTION 22, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Assessor's/Tax ID No. 19-22-303-025

Property Address: 6759 S KILBOURN AVE, CHICAGO, IL 60629

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

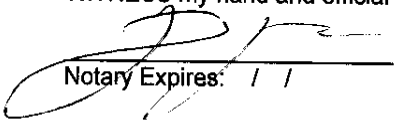
WASHINGTON MUTUAL BANK, FA
On April 11th, 2006

By: 
J TATE, Lien Release Assistant Secretary

STATE OF Florida
COUNTY OF Duval

On April 11th, 2006, 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.

WITNESS my hand and official seal,


Notary Expires: 11



D. Pekusic
Commission # DD435407
Expires May 30, 2009
Bonded Troy Pain - Insurance, Inc. 800-385-7019

(This area for notarial seal)

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

Handwritten initials/signature