**UNOFFICIAL COPY** Recording Requested By:

WASHINGTON MUTUAL BANK, F

When Recorded Return To:

Washington Mutual PO BOX 45179 JACKSONVILLE, FL 32232-5179



Doc#: 0612856015 Fee: \$26.50 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 05/08/2006 08:54 AM Pg: 1 of 2



## **SATISFACTION**

WASHINGTON MUTUAL - CLIENT 908 #:0606542199 "HENDERSON JR" Lender ID:G15/319/0606542199 Cook, Illinois PIF: 03/21/2006 MERS #: 10001590204233294E VEV #: 1-888-679-6377

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

KNOW ALL MEN BY THESE PRESENTS that MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR CTX MORTGAGE COMPANY, LLC holder of a certain mortgage, made and executed by EDDIE HENDERSON JR AND ANDREA HENDERSON HIS WIFE, originally to MORTGA SE ILECTRONIC REGISTRATION SYSTEMS, INC., AS NOMINEE FOR CTX MORTGAGE COMPANY, LLC, in the County of Cook, and the State of Illinois, Dated: 02/20/2003 Recorded: 03/06/2003 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No. 2030313820, does hereby acknowledge that it has received full payment and satisfaction of the same, and in consideration thereof, does narely cancel and discharge said mortgage.

Legal: LOT 17 IN THE SUBDIVISION OF BLOCK 2 IN JAMES H. WALLACE'S ADDITION TO MAYWOOD IN SECTION 15, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Assessor's/Tax ID No. 15-15-103-016

Property Address: 1229 S 19TH AVENUE, MAYWOOD, IL 60153

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

MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR CTX MORTGAGE COMPANY, LLC On April 11th, 2006 50/1/C0

J Tate, Lief Release Assistant Secretary

0612856015 Page: 2 of 2

SATISFACTION Page 2 of 2

## **UNOFFICIAL COPY**

STATE OF Florida COUNTY OF Duval

Before me, the undersigned, a Notary Public, on this day personally appeared J Tate, Lien Release 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. Given under my hand and seal of office, this day April 11th, 2006.

WITNESS my hand and official seal,

Notary Expires: / /

Kim Mathys
Commission # DD401905
Expires March 1, 2009
For POP Bonded Troy Pain - Insurance, Inc. 800-368-7019

(This area for notarial seal)

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