20050510000221930 1/1 \$11.00 Shelby Cnty Judge of Probate, AL 05/10/2005 08:11:43AM FILED/CERT

Recording Requested By: WASHINGTON MUTUAL BANK, FA

When Recorded Return To:

Washington Mutual PO BOX 45179 JACKSONVILLE, FL 32232-5179

DISCHARGE OF MORTGAGE

WASHINGTON MUTUAL - CLIENT 908 #:0644404832 "ROY" Lender ID:A01/004/0644404832 Shelby, Alabama PIF: 04/05/2005 MERS #: 100022600007330177 VRU #: 1-888-679-6377

KNOW ALL MEN BY THESE PRESENTS, that MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., hereinafter referred to as the Mortgagee, DOES HEREBY CERTIFY, that a certain Mortgage made and executed by APRIL ROY to secure payment of the principal sum of \$133,000.00 plus interest, originally to MERS AS NOMINEE FOR MORTGAGEAMERICA, INC., in the County of Shelby, and the State of Alabama, Dated: 06/25/2004 Recorded: 06/30/2004 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 20040630000361330, is now Paid and Satisfied, and is therefore discharged.

In all references in this instrument to any party, the use of a particular gender or number is intended to include the appropriate gender or number as the case may be.

IN WITNESS WHEREOF, the said Mortgagee has set his hand and has caused these presents to be signed by its duly authorized officer(s).

MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. On April 30th, 2005

D SAUNDERS, Vice-President

STATE OF Florida COUNTY OF Duval

Before me, the undersigned, a Notary Public, on this day personally appeared D SAUNDERS, Vice-President, 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 30th, 2005. Nicole Gonzalez
Commission # DD401902

OF FLOR Bonded Troy Fain - Insurance. Inc. 600-386-7019

WITNESS my hand and official seal,

Notary Expires:

(This area for notarial seal)

Velida Medic, WASHINGTON MUTUAL BANK, FA, PO BOX 45179, JACKSONVILLE, FL 32232-5179 1-866-926-8937