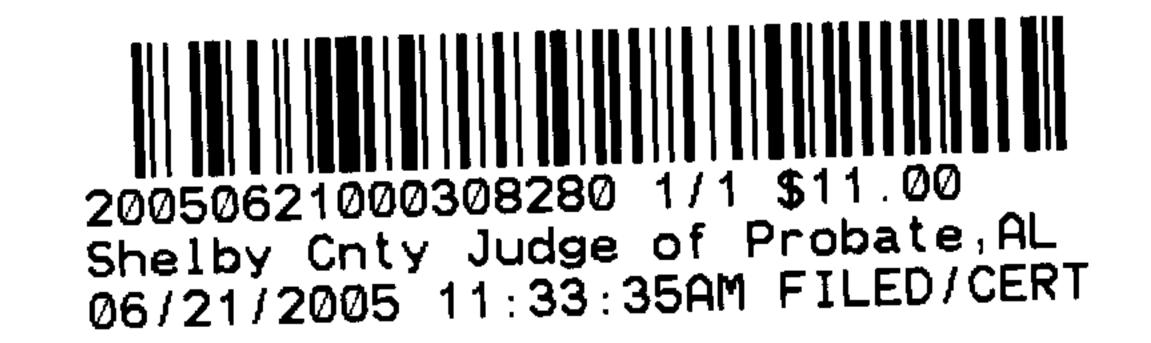
Recording Requested By: WASHINGTON MUTUAL BANK, FA

When Recorded Return To:

PO BOX 45179

Washington Mutual

JACKSONVILLE, FL 32232-5179



DISCHARGE OF MORTGAGE

WASHINGTON MUTUAL - CLIENT 908 #:0644849812 "JOHNSON" Lender ID:248/001/000598402 Shelby, Alabama PIF: 06/01/2005

MERS #: 100206200000024451 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 MICHAEL T JOHNSON AND WIFE, CONNIE D JOHNSON to secure payment of the principal sum of \$70,000.00 plus interest, originally to MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., AS NOMINEE FOR SOUTHEASTERN MORTGAGE OF ALABAMA, LLC., in the County of Shelby, and the State of Alabama, Dated: 11/10/2004 Recorded: 11/16/2004 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 20041116000628570, 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 June 11th, 2005

By: Saggs, Vice-President

STATE OF Florida COUNTY OF Duval

Before me, the undersigned, a Notary Public, on this day personally appeared M Baggs, 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 June 11th, 2005.

WITNESS my hand and efficial seal,

Notary Expires: 5//29

Jason Eaker
Commission # DD401906
Expires March 1, 2009
Bonded Tray Pain - Insurance, Inc. 800-366-7019

(This area for notarial seal)

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