20060612000276930 1/1 \$11.00 Shelby Cnty Judge of Probate, AL 06/12/2006 10:29:26AM FILED/CERT

Recording Requested By: WASHINGTON MUTUAL BANK

When Recorded Return To:

WASHINGTON MUTUAL PO BOX 45179 JACKSONVILLE, FL 32232-5179



DISCHARGE OF MORTGAGE

WASHINGTON MUTUAL - CLIENT 150 #:8404254131 "THOMAS" Lender ID:D88/836/1693950073 Shelby, Alabama PIF: 05/08/2006

MERS #: 100062700112404734 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 BRETT B THOMAS AND LISA M THOMAS, HUSBAND AND WIFE to secure payment of the principal sum of \$200,000.00 plus interest, originally to MORTGAGE ELECTRONIC REGISTRATION SYSTEMS., INC, AS NOMINEE FOR PINNACLE FINANCIAL CORPORATION., in the County of Shelby, and the State of Alabama, Dated: 10/10/2003 Recorded: 10/16/2003 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 20031016000692430, 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 3rd, 2006

By:

J TATE, Lien Release Assistant Secretary

STATE OF Florida COUNTY OF Duval

On June 3rd, 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,

Miriam E. Happer Commission # DD385383 Expires October 24, 2008 Ionded Tray Pain - Insurance, Inc. 800-366-7019

(This area for notarial seal)

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