Document Prepared by: DOCX ASSIGNMENT SERVICES When Recorded Mail to: DOCX	EC:	-					
1 S. LIMESTONE ST., SUITE 350 SPRINGFIELD, OHIO 45502	LEGAL:						
Project No.: 1995-15	_						
Assignor No.:	164338853						~
Assignee No.:							8
Pool No.: 028678CD							06
PIN/Tax ID #							9
Investor No.: Property Address: 3730 HEMLOCK							9217
EAST CHICAGO IN		This	space	for Reco	rder's Use	Only	
For good and valuable consider MIDLAND MORTGAGE CO. whose address is: 1031 W. Mor	RPORATION, se Blvd. # 350, V	ciency of w A Michigo Vinter Par	hich is h an Corp k, FL 32	nereby oration 2789	acknowled	MA	<u>\$</u>
by these presents does convey, ATLANTIC MORTGAGE & INV. whose address is: 4348 South the described Mortgage, togeth all liens, and any rights due or Said Mortgage is recorded in the said Mortgage.	point Blvd., Jac er with the cer to become due	RPORATIO cksonville, tain note(s	ON, A Fla FL 322	orida Coi 16	poration	RECOME	2 NOV 11 AM 8:
LAKE Official	al records on	11/10/78			as Docume	nt No.:	N
501349	OT Cintb	ook! CI	AL!	X	8	t Page:	ယ
This	Sertificata No.	the pro	perty	of			
Original Loan Amount Original Mortgagor:	Eake Coll	10.00 Reco	an Date AND GI	: 11/07/	78 RODRIGUI	E <b>Z</b> ,	
Original Mortgagee:	DONALD W	EBBER M	ORTGA	GE COMI	ANY, INC.		
	e may to the				unité "Ngjaphay "		TANAS III
IN WITNESS WHEREOF, the un to be executed by its duly authoriz	dersigned corpord	ation by its .	Boar <mark>d o</mark> f	Directors	has caused th	is instr	ument
DATE OF TRANSFER: 07/01/9					E CORPO		
				rporatio			
Witness LISA WHALEN	CONTRACTOR OF THE PARTY OF THE	Wanting (	Slafe Officer:	ons	mith		•
Eaths Golfo 13	SEAL	ا مُعَلِيْ ﴿	SHARO VICE P	RESIDE	VT		
Witness ( / Vig. KATHY GROTH	MICHIGAN		Attest				
State of OHIO	Milliones	. 16.	JAN VC				
County of CLARK	mir ones o **	Open	ASSIST		CRETARY		
	NELOPE C. H.			_	ersonally app	eared	
SHARON SMITH of MIDLAND MORTGAGE CO	DEPORATION,	VICE PRI			ddnaar beter	19 72	naata-
St., Springfield, Ohio 45502, pro is subscribed to the within instru	oved to me on the ument and ackno	wledged to	me that (	s)he execu	ited the same	in his/l	ner
authorized capacity and that by person acted executed the instru WYTNESS my hand and seet.	nis/ner signatur ment.	e on the ins	trument,	CAPAC	y upon behalf CITY CLAIMI	oi whic ED BY S	n the SIGNOI
Notary Public, State of OHIO	<u>ma</u>		0	ARIAL	200		
PENELOPE C. HALKEMA		pel	i k	記る			
My commission expires: 06/23/9	99			The state of	The same		

Document Drafted & Prepared by: Candy Smith

Recorded //

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Last Assignment:



CK# 083854