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MORRIS W. CARTER RECORDER

RECORDING REQUESTED BY:
PLATINUM FINANCIAL SERVICES

WHEN RICORDED, MAIL TO: PLATINUM FINANCIAL SERVICES 115 E. SUMMIT STREET, FLOOR 2 CROWN POINT, INDIANA 46307

Order No. Escrow No. Application No. Loan No. 5450459

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Corporation Assignment of Mortgage

FOR VALUE RECEIVED, PLATINUM FINANCIAL SERVICES having its principal place of business at 1151 E. SUMMIT STREET, FLOOR 2 CROWN POINT, INDIANA 46307

("Assignor"),

hereby grants, assigns and transfers to OHIO SAVINGS BANK, 11110 CHESTER AVENUE PARK PLAZA STE 200, CLEVELAND, OH 44114 County Recorder!

("Assignee")

all of Assignor's rights, title and interest in, to, and under that certain Mortgage dated MARCH 13, 2000 executed and delivered by RONALD R. FOUTS AND KELLY R. FOUTS HUSBAND AND WIFE

GS DOC # 2000-018784

, Mortgagor,

to Assignor (the "Mortgage"), which Mortgage is recorded concurrently herewith in the Official Records in the County Recorder's office of LAKE County, State of INDIANA covering certain real estate and other property described therein, more particularly described as follows:

LOT 4 IN GEISER'S ADDITION, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 33 PAGE 76, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA. A.P.N.: 39-512-4

TOGE THER with the note or notes therein described or referred to therein and secured thereby, the money due and to become due thereon with interest, and all rights accrued or to accrue under said Mortgage.

IN WITNESS WHEREOF, Assignor has caused this Corporation Assignment of Mortgage to be executed by its duly authorized officer as of the day and year first written below.

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TICOR TITLE INSURANCE

2686 Willowcreek Road Portage, IN 46368

DATE MARCH 13, 2000 PLATINUM FINANCIAL SERVICES, STATE OF INDIANA AN INDIANA LIMITED PARTNERSHIP COUNTY OF LAKE March 13,2000 before me. Charlene M. Ronk Notary Public, personally appeared . Kimberly A. Crook, Processor CROOK, PROCESSOR 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(ies), and that by his/her/their-signature(s) on the instrument the person(s). For the entity upon behalf of which the person(s), acted executed the instrument. WITNESS my hand and office sal (This area for official notarial seal) is the property of Signature This instrument prepared by: Kimberly A. Crook Charlene M.Rog My commission expires 77, 8755 Resident of Porter County IN (Scal)

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TICOR TITLE INSURANCE 2686 Willowcreek Road Portage, IN 46368



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