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STATE OF INDIANA LAKE COUNTY FILED FOR PECORD

2000 MAR 23 AM 9: 00

MORPIG W. CARTER RECORDER

Prepared by and Return to: CTX MORTGAGE COMPANY P.O. Box 199000, FINAL DOCS Dallas, TX 75219-9000 UNIT NO. 8 KEY NO. 15-314-16 214710972 LH-592065-IN

ASSIGNMENT OF LIEN TAX ID # UNIT NO. 8 KEY NO. 15-314-16

The State of

INDIANA

**COUNTY OF** 

LAKE

**Know All Men by These Presents:** That CTX MORTGAGE COMPANY acting herein by and through its duly authorized officers, hereinafter called transferor, of the County of DALLAS, State of TEXAS, for and in consideration of TEN AND NO/100 DOLLARS CASH, AND OTHER VALUABLE CONSIDERATION, to it in hand paid by SIRST NATIONWIDE MORTGAGE CORPOR/ FIRST NATIONWIDE MORTGAGE CORPORATION

hereinafter called transferee, the receipt of which is hereby acknowledged, has this day Sold, Conveyed, Transferred, and Assigned and by these presents does Sell, Convey, Transfer, and Assign unto the transferee the hereinafter described indebtedness.

AND Transferor further Grants, Sells, and Conveys unto the transferee, all the rights, title, interest, and liens owned or held by the transferor in the hereinafter described land by virtue of said indebtedness herein conveyed and assigned.

TO HAVE AND TO HOLD unto the said transferee, transferee's successors and assigns the following described indebtedness together with all and singular the following mentioned lien and any and all liens, rights, equities, remedies, privileges, titles, and interest in and to said land, which transferor has by virtue of being legal holder and owner of said indebtedness.

SAID INDEBTEDNESS, LIENS AND LAND BEING DESCRIBED AS FOLLOWS: One certain promissory note executed by

CUBA G. JACKSON JR. AND LYNN M. JACKSON HIS WIFE

7-07-99 MTG RECORDED. DOCUMENT NO. OF LAKE COUNTY INDIANTA THIS DOCUMENT PREPARED BY CTX MORTGAGE COMPANY 2728 N. HARWOOD DALLAS, TX 75201-1516

FIRST NATIONWIDE MORTGAGE CORPORATION

5280 CORPORATE FREDERICK, MD 21701

and payable to the order of CTX MORTGAGE COMPANY

104,040.00 dated JUNE 22, due and payable in monthly installments as therein provided.

and bearing interest and

CTX040M1 (021497)

Page 1 of 2

| LAKE County, INDIANA therein expressed on the following described lot, tract, or parcel of lat LAKE County, INDIANA LOT 16 IN BLOCK 2 IN "CORRECTED PLAT" AS OF AUGUST 31 ADDITION TO GARY, AS PER PLAT THEREOF, RECORDED IN PL | and secured by the liens and lying and being situated in to wit: , 1959, WRIGHT MANOR AT BOOK 33 PAGE 62,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CORRECTING PLAT RECORDED IN PLAT BOOK 32 PAGE 26, IN RECORDER OF LAKE COUNTY, INDIANA.                                                                                                                                          | THE OFFICE OF THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| RE: Property Address 2140 58TH AVENUE MERRILLVILLE, IN 46410                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| EXECUTED, without recourse and without warranty on the undersigned, this                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ATTEST: BY: BY:                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| JONATHAN UNSETH PAUL PAUL PRODUCTION REGIONAL VIC                                                                                                                                                                               | E PRESIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| NOT OFFI                                                                                                                                                                                                                        | CIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| THE STATE OF COUNTY OF LAKE  BEFORE ME, the undersigned, a Notary Public in and for the State aforesaid                                                                                                                         | property of , on this day personally appeared                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| PAUL DIAMOND REGIONAL VICE PRESIDENT known to is subscribed to the foregoing instrument and acknowledged to me that this personal consideration therein expressed, as the act and deed of said Corporation and                  | me to be the person whose name<br>on executed the same for purposes<br>in the capacity therein stated.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Given Under My Hand and Seal of Office this the 22nd lay of JUNE                                                                                                                                                                | 1999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Notary Public in and for the State of: TLLT: the County of: LAKE                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Printed Name: DIAN                                                                                                                                                                                                              | A L. WINKLER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| OFFICIAL SEAL DIANA L. WINKLER NOTARY PUBLIC, STATE OF ILLINOIS                                                                                                                                                                 | EMBER 23,1997                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| MY COMMISSION EXPIRES 9-23-2001                                                                                                                                                                                                 | NEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| SEAL SEAL SEAL SEAL SEAL SEAL SEAL SEAL                                                                                                                                                                                         | Series Se |
|                                                                                                                                                                                                                                 | GE CONTRACTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| CTX040M2 (021497) Page 2 of 2                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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