

RECORDING REQUESTED BY

Augustine Lomax
AND WHEN RECORDED MAIL TO

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 076783

2000 OCT 20 AM 11:59

MORRIS W. CARTER
RECORDER

Lomax Financial Co.
P.O. Box 2578
Hammond, IN 46323

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Assignment of ~~Deed of Trust~~ MORTGAGE

For Value Received, the undersigned hereby grants, assigns and transfers to Augustine Lomax

all beneficial interest under that certain Deed of Trust dated December 27, 1996
executed by Kenneth McClatchey

to One Stop Mortgage, INC., A Wyoming Corporation, Trustor
and recorded as Instrument No 97000696 on January 6, 1997 in book Trustee,
page of Official Records in the County Recorder's office of Lake County,
Indiana describing land therein as:

2nd. Highland Park, All lots 14 and 15, Block 3, Gary Indiana

Together with the note or notes therein described or referred to, the money due and to become due thereon
with interest, and all rights accrued or to accrue under said Deed of Trust.

Dated 7/24/00



STATE OF CALIFORNIA }
COUNTY OF LOS ANGELES } ss
On JULY 24, 2000 before me,
M. ELENA BOBADILLA
(Notary Name and Title)
personally appeared MARK A. BRAGE

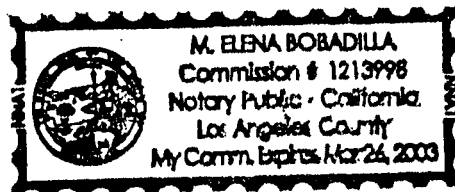
Mark A. Brage

Sr. Vice President

Default Alternatives

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) or the entity upon behalf of which the person(s) acted, executed the
instrument.

WITNESS my hand and official seal.



Signature M. Elena Bobadilla

(This area for official notary seal)

Title Order No

Escrow or Loan No

Handwritten initials and numbers: JS, 1000, 25



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Document Mail Back to Information Sheet

This is where you want the recorded document sent back to when it has completed the recording process.

Name Augustine Lomax

Address PO Box 2578

City St Zip Hammond, IN 46323

Telephone 219-923-8755

Signature Printed Augustine Lomax

Signature Written Augustine Lomax

Date of Signature 10/20/2000

Check Number _____

Check Amount _____

D. CS

LS

Office Use Only

Check Equals Amount Due Yes No

Total _____

Initials _____