

Recording Requested By:
Bayview Loan Servicing LLC
Prepared By:
Cara Hardy
4500 Cherry Creek South Dr., Suite 650
Denver, CO 80246
When recorded mail to:
~~Bayview Loan Servicing LLC~~
~~4425 Ponce De Leon Blvd., 5th Floor,~~
~~Coral Gables, FL 33146~~

After recording return to:
Linear Title & Closing
127 John Clarke Road, 1st Floor
Middletown, RI 02842

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 024783

2014 MAY -5 AM 8:48

MICHAEL B. BROWN
RECORDER

2nd ASSIGNMENT OF MORTGAGE

FOR VALUE RECEIVED, the undersigned, Bayview Dispositions llb, LLC whose address is 4425 Ponce De Leon Blvd., 5th Floor, Coral Gables, FL 33146 hereby assign and transfer to Metropolitan Life Insurance Company, whose address is 10 Park Avenue, Morristown, NJ 7962, all its right, title and all beneficial interest in and to a certain Mortgage and Note, executed by Yolando Romero and Maria Sandra Angobaldo, Husband and Wife to Banco Popular North America and bearing the date of July 20, 2006 and recorded on August 3, 2005, with the original loan amount of \$156,655.00 in the office of the Recorder of Lake County, State of IN in Book NA at page NA or Instrument #2006067229.

Property Address: 8737 HIGHLAND AVENUE, HIGHLAND IN 46322

IN WITNESS WHEREOF, the undersigned has caused this Assignment of Mortgage to be executed on

11/11/2017

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Bayview Dispositions llb, LLC

By: *[Signature]*
Name: David Briggs
Title: First Vice President

State of

County of

On 11/11/17 before me,

FLORIDA MIAMI DDDDD

Rogelio A. Portal

, Notary Public, Personally appeared DAVID BRIGGS

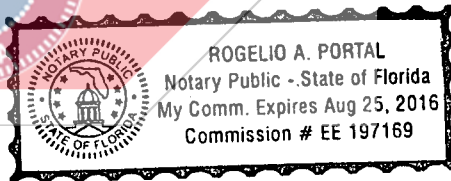
AVP of Bayview Dispositions llb, LLC its successor and assigns, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they/ executed the same in he/her/their authorized 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.

I certify under penalty of perjury under the laws of the State of FLORIDA that the foregoing paragraph is true and correct.

WITNESS my hand and official seal:

Notary Public in and for said County and State
My Commission Expires: 8/25/16

(SEAL)



I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. - Cara Hardy

*12-1
ck. 69240
DN*