

Recording Requested By:  
Bayview Loan Servicing LLC  
Prepared By:  
Cara Hardy  
4500 Cherry Creek 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

*and*

2014 078736

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2014 DEC 11 AM 8:49  
MICHAEL D. BROWN  
RECORDER

**ASSIGNMENT OF MORTGAGE**

**FOR VALUE RECEIVED**, the undersigned, **Bayview Dispositions, 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 07962**, all its right, title and all beneficial interest in and to a certain Mortgage and Note, executed by Lori L Snapp to BWM Mortgage, LLC and bearing the date of August 19, 2005 and recorded on August 26, 2005, with the original loan amount of \$98,000.00 in the office of the Recorder of Lake County, State of IN in Book N/A at page N/A or Instrument #2005072931.

Property Address: 929 MONTERREY CT UNIT C, CROWN POINT IN 46307

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

5/29/2014

**Document**  
**NOT OFFICIAL**  
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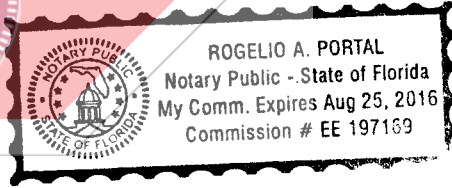
Bayview Dispositions, LLC  
By: *[Signature]*  
Name: David Briggs  
Title: First Vice President

**Florida**  
**Miami-Dade**  
State of  
County of  
On 5/29/14 before me, Rogelio A. Portal, Notary Public, Personally appeared DAVID BRIGGS, who is the  
R.V.P. of Bayview Dispositions, 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 INDIANA that the foregoing paragraph is true and correct.

WITNESS my hand and official seal:

*[Signature]*  
Notary Public in and for said County and State  
My Commission Expires: \_\_\_\_\_ (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

*12-75991 AM E*