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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2017 JAN -3 PM 1:39
MICHAEL B. BROWN
RECORDER

2017 000140

Commitment Number: 160256324
Seller's Loan Number: 7600385252

After Recording Return To:
ServiceLink, LLC
1400 Cherrington Parkway
Moon Township, PA 15108



DITECH FINANCIAL LLC F/K/A GREEN TREE SERVICING LLC, whose mailing address is 110 Virginia Dr. Ste 100A, Ft. Washington, PA 19034, hereinafter grantor, for \$10.00 (Ten Dollars and Zero Cents) in consideration paid, conveys and quitclaims to MTGLQ INVESTORS, LP, hereinafter grantee, whose tax mailing address is C/O THE GOLDMAN SACHS GROUP, INC. 6011 CONNECTION DRIVE, 5TH FLOOR IRVING, TX 75039, with quitclaim covenants, all right, title, interest and claim to the following land in the following real property:

ALL THAT CERTAIN PARCEL OF LAND SITUATE IN THE COUNTY OF LAKE AND STATE OF INDIANA BEING KNOWN AND DESIGNATED AS FOLLOWS: THE WEST 50 FEET OF LOT 2 IN BLOCK 4 IN RICHLAND MEADOWS, IN THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED NOVEMBER 6, 1922 IN PLAT BOOK 15, PAGE 23, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA. PARCEL ID: 45-07-07-179-003.000-023
Property Address is: 1008 CHERRY ST., HAMMOND, IN 46324

Prior instrument reference: 2016 037475
DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

JAN 03 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

020035

NO SALES DISCLOSURE NEEDED

Approved Assessor's Office

By: MEF

\$ 201.00

JAS

VA 334768

E

Executed by the undersigned on 16th December, 2016:

**DITECH FINANCIAL LLC F/K/A GREEN TREE SERVICING LLC, By
Rushmore Loan Management Services, LLC Appointed as Attorney in Fact**

By: [Signature]

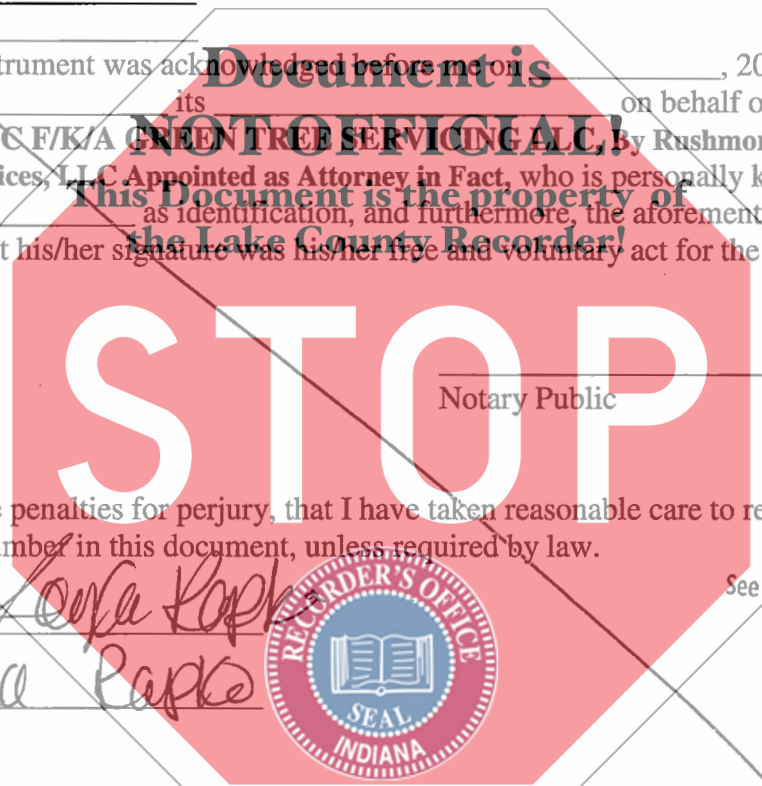
Name: Jared Kops
Assistant Vice President

Its: _____

See attached Acknowledgment

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me on _____, 2016 by
its _____ on behalf of **DITECH
FINANCIAL LLC F/K/A GREEN TREE SERVICING LLC, By Rushmore Loan
Management Services, LLC Appointed as Attorney in Fact**, who is personally known to me or has
produced _____ as identification, and furthermore, the aforementioned person has
acknowledged that his/her signature was his/her free and voluntary act for the purposes set forth
in this instrument.



Notary Public

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

By [Signature]
Kayla Papko
Print Name

See attached Acknowledgment

This instrument prepared by: Jay A. Rosenberg, Esq., and Jacqueline Meyer Goldman, Esq.,
(Indiana Bar Number: 22724-53), Rosenberg LPA, Attorneys At Law, 3805 Edwards Road,
Suite 550, Cincinnati, Ohio 45209 (513) 247-9605 Fax: (866) 611-0170.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Orange)

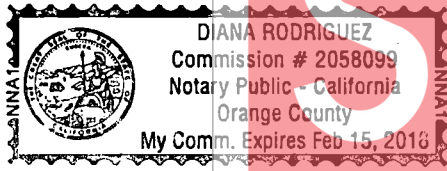
On DEC 16 2016 before me, Diana Rodriguez Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Jared Kops
Name(s) of Signer(s)

who 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.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Handwritten Signature]
Signature of Notary Public

Place Notary Seal Above



Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Quit Claim Deed Document Date: _____
Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____