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302/0383 18 001 Page 1 of 3
2002-11-07 14:19:56
Cook County Recorder 50.00

ILLINOIS HOUSING
DEVELOPMENT
AUTHORITY
SINGLE FAMILY
MORTGAGE
PURCHASE PROGRAM



3all
CTI 80673560y
CS 221241672

ASSIGNMENT OF MORTGAGE

Market Street Mortgage Corporation, a Michigan Corporation (the "assignor") in consideration of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which is acknowledged, paid by the ILLINOIS HOUSING DEVELOPMENT AUTHORITY, a body politic and corporate (the Assignee), sells, assigns, warrants and conveys to the Assignee that certain Mortgage dated October 25, 2002, made by DOLORA M. RONCONE, SINGLE WOMAN

to the Assignor in the principal sum of Sixty Seven Thousand Nine Hundred Dollars and Dollars (\$ 67,900.00) and recorded in the Office of the Recorder of Deeds of Cook County, Illinois as document Number 21233636, on real estate legally described as follows:

SEE LEGAL DESCRIPTION ATTACHED HERETO AND MADE A PART HEREOF.
PIN NUMBER: 19-20-114-020-0000
19-20-114-021

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SA

Together with the note described in said Mortgage and the monies due and to become due thereon with interest, TO HAVE AND TO HOLD the same to the Assignee and its successors, legal representatives and assigns forever.

The Words "Assignor" and "Assignee" shall be construed as if they read "Assignors" and "Assignees" whenever the sense of this instrument so requires. In Witness Whereof, the Assignor has duly executed this Assignment the 25th day of October, 2002.

Assignor: Market Street Mortgage Corporation
LENDER

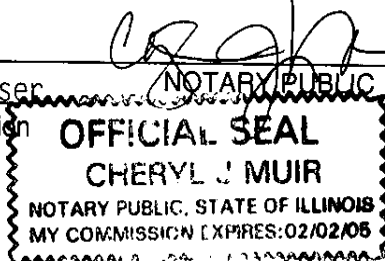
By: [Signature]
Title: Frank Wolff, Regional Vice President

ATTEST:
By: Teresa Giannelli (SEAL)
Title: Loan Closer
STATE OF ILLINOIS
COUNTY OF COOK

I, Cheryl Muir, a Notary Public in and for the County and State aforesaid, do hereby certify that Teresa Giannelli and Frank Wolff, who are personally known to me to be the same persons whose name are subscribed to the foregoing instruments as such and of said, appeared before me this day in person and acknowledged that they signed, sealed and delivered the said instrument of writing as their free and voluntary act, and as the free and voluntary act of said, for the uses and purposes therein set forth, and caused the corporate seal to be thereunto attached. Given under my hand and notarial seal this 25th day of October, 2002

My Commission Expires _____
This instrument was prepared by: Teresa M Giannelli, Closer

After Recording Mail To: Market Street Mortgage Corporation
ATTN: Document Control
2650 McCormick Drive, Suite 200
Clearwater, FL 33759



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STREET ADDRESS: 6111 W 6TH PLACE

CITY: CHICAGO

COUNTY: COOK

TAX NUMBER: 19-20-114-020-0000.

LEGAL DESCRIPTION:

UNIT 6111-6 IN MEADE PLACE CONDOMINIUM, AS DELINEATED ON A PLAT OF SURVEY OF THE FOLLOWING DESCRIBED TRACT OF LAND: THE EAST 120 FEET OF THE WEST 540 FEET OF THE NORTH 1/2 OF BLOCK 5 IN FREDERICK H. BATLETT'S CHICAGO HIGHLANDS SUBDIVISION OF THE NORTHWEST 1/4 OF SECTION 20, TOWNSHIP 38 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. WHICH PLAT OF SURVEY IS ATTACHED AS EXHIBIT "B" TO THE DECLARATION OF CONDOMINIUM RECORDED OCTOBER 9, 2002 AS DOCUMENT NUMBER 0021107034; TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

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BUSINESSOWNERS PACKAGE POLICY CONDOMINIUM CERTIFICATE OF INSURANCE

American Family Insurance Company

American Family Mutual Insurance Company if selection box is not checked.

6000 American Parkway, Madison, Wisconsin 53783-0001

Agent's Name, Address:
Joseph Kobel
7224-B 119th St
Palos Heights, IL 60463
(708)923-1800

This Certificate of Insurance is issued as a matter of information only and confers no rights upon the Certificate Holder.

This Certificate of Insurance does not amend, extend or alter the coverage afforded by the policy listed below.

Effective Date: 10/21/02

New Ownership/Occupancy

Change Ownership/Occupancy

CERTIFICATE HOLDER(S)

UNIT OWNER'S NAME AND ADDRESS OR UNIT DESIGNATION NO. RONCONE, DOLORA M 6107-6111 W 64TH PL CHICAGO, IL 60638		Unit Design. #: 6107-11-6
UNIT OWNER'S MORTGAGEE NAME AND ADDRESS MARKET STREET MORTGAGE CORPORATION ITS SUCCESSORS AND/OR ASSIGNS, P. O. BOX 22128, TAMPA, FL 33622		LOAN NO.
UNIT OWNER'S CONTRACT OF SALES NAME AND ADDRESS		LOAN NO.

This is to certify that the UNIT OWNER is insured under a policy issued to the Insured named below and is in force at this time

INSURED

CONDOMINIUM ASSOCIATION'S NAME AND ADDRESS MEADE PLACE CONDOMINIUM ASSOCIATION 6107 W 64TH PL CHICAGO, IL 60638			
MORTGAGEE'S NAME AND ADDRESS			
KIND OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MO., DAY, YR.)	POLICY EXPIRATION DATE (MO., DAY, YR.)
BUSINESSOWNERS PACKAGE POLICY	PENDING	10/21/02	UNTIL CANCELLED

* SECTION I - BUSINESS PROPERTY

Special Form

Named Perils Form

\$1,000 Deductible

PROPERTY COVERED	VALUATION OF COVERED PROPERTY	LIMITS OF INSURANCE +
Building(s)	<input checked="" type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value	\$625,000
Business Personal Property	<input checked="" type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value	\$

+ Condominium Association's Limits. (The Unit Owner is covered as a percentage of the total, as their interest may appear.)

* SECTION II - BUSINESS LIABILITY AND MEDICAL PAYMENTS

COVERAGE	LIMITS OF INSURANCE
Bodily Injury and Property Damage	\$1,000,000 Each Occurrence ++ \$2,000,000 Aggregate ++
Medical Payments	\$5,000 Each Person

Consult the Condominium Association's policy for insurance afforded Unit Owners
++ Products - Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate

UNIFORM CONDOMINIUM ACT STATES

Subject to the provisions of the Mortgage Clause, all proceeds covering any loss of property collectively owned shall be payable to Insurance Trustee, identified below:

INSURANCE TRUSTEE'S NAME AND ADDRESS

DATE ISSUED 10/21/02	AUTHORIZED REPRESENTATIVE <i>J. Kobel</i>
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