

UNOFFICIAL COPY 09207872

WHEN RECORDED MAIL TO:

The Money Store
P.O. Box 13716
Sacramento, CA 95853-9971
ATTN: FHA TITLE I DEPT.

9941/0029 89 001 Page 1 of 2
1999-12-30 11:18:58
Cook County Recorder 23.50

Loan # 60093663
HUD CASE # 70732-0325442
SS# 321-46-8608 and 358-44-3626



Property ReAssignment of Real Estate Mortgage

FOR VALUE RECEIVED, the undersigned hereby grants, assigns and transfers to
The Money Store

all the rights, title and interest of the undersigned in and to that certain Real Estate Mortgage executed by
Wallace Todd and Joyce Walker, Not In Tenancy In Common

to **TMS Mortgage Inc., DBA The Money Store**
organized under the laws of **The State of Illinois**, whose address is
3301C St. Suite 800E
Sacramento, CA 95816

and recorded as a Mortgage on **October 14, 1998**
in Document No. **98918431**, page(s) **1 of 7**
County Records of **Cook**
County, Illinois, describing land therein as:

LOT 10 IN BLOCK 6 IN EAST CHICAGO LAWN, BEING J.A. CAMPBELLS SUBDIVISION OF THE SOUTH 1/2 OF THE NORTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 24, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Common Address: **6422 South Albany Avenue, Chicago, Illinois 60629**
PIN Number: **19-24-109-028**

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 Real Estate Mortgage.

Dated November 23, 1999

The United States of America

By: Lester West
Lester West

Its: **Director of Financial Operations**
Albany Financial Operations Center

By: _____

Its: _____

57
P2
M-N
M-7
JHC

State of New York

County of Albany

On November 23, 1999 before me,

personally appeared Lester J. West, Director, Albany Financial Operations Center

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

WITNESS my hand and official seal.

Mary E. Ricchiuti
 , Notary Public

MARY E. RICCHIUTI
 Notary Public, State of New York
 No. 4970758
 Qualified in Albany County

OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

CAPACITY CLAIMED BY SIGNER

- INDIVIDUAL
- CORPORATE OFFICER

CAPACITY CLAIMED BY SIGNER

TITLE(S)

- PARTNER(S) LIMITED
- GENERAL

- ATTORNEY-IN-FACT
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER: _____

SIGNER IS REPRESENTING
 NAME OF PERSON(S) OR ENTITY(IES)

TITLE OR TYPE OF DOCUMENT

NUMBER OF PAGES

DATE OF DOCUMENT

SIGNER(S) OTHER THAN NAMED ABOVE