**UNOFFICIAL COPY** 

ASSIGNMENT OF REAL ESTATE MORTGAGE

Doc#: 1213022033 Fee: \$42.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds
Date: 05/09/2012 11:12 AM Pg: 1 of 3

For value received, Bank of America, NA, SBMT BAC Home Loans Servicing, LP FKA Countrywide Home Loans Servicing LP hereby sells, assigns and transfers to Capital One, N.A., its successors and assigns, all right, title and interest in and the accertain mortgage executed by Maria Ciocan and Nicolaie Ciocan to Mortgage Electronic Registration Systems, Inc., acting solely as a nominee for GreenPoint Mortgage Funding, Inc., its successors and assigns, dated Nav 10, 2004, and recorded on April 11, 2008, as Document No: 0810233100 in the Cook County Recorder of Deeds, in the State of Illinois, conveying:

## SEE ATTACHED LEGAL

| SEE ATTACHED DEGAL                                                                                                                                                                                                          |                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Together with said Note therein described and the money due, or to become due thereon, with inte subject to the provisions of the said mortgage.                                                                            |                       |
| IN WITNESS WHEREOF, the undersigned on, has caused this instrumen                                                                                                                                                           | it to be              |
| its Assistant Vica visosident                                                                                                                                                                                               | and                   |
| attested by Juan Coto, its Assistant Vice Insidant,                                                                                                                                                                         | and its               |
| Corporate Seal to be hereunto affixed.                                                                                                                                                                                      |                       |
| Bank of America, NA, SMBT BAC Home Loans Servicing, LP FKA Countrywide Horne Loans Servicing                                                                                                                                | , LP.                 |
| By: Attest:                                                                                                                                                                                                                 |                       |
| Title: Sean Golbad, Assistant Vice Misident Title: Juan Soto Assist                                                                                                                                                         | aut Vice<br>President |
| STATE OF                                                                                                                                                                                                                    | 9                     |
| /                                                                                                                                                                                                                           | d. DO                 |
| I,, a Notary Public in and for the County and State aforesaid and, and                                                                                                                                                      |                       |
|                                                                                                                                                                                                                             |                       |
| and a resonant whose names are subscribed in the foregoing instrument personally appeared before me, and                                                                                                                    | l<br>and              |
| acknowledge that they signed and delivered the said instrument as their free and voluntary act for the uses purposes therein set forth; and that the seal affixed to the foregoing instrument is the corporate seal of said | l entity              |
| and that said instrument was signed and sealed on behalf of said entity by the authority of its Board of Dir                                                                                                                | ectors.               |
|                                                                                                                                                                                                                             |                       |
| Subscribed and Sworn to before me                                                                                                                                                                                           |                       |
| this day of                                                                                                                                                                                                                 |                       |
| $\mathcal{I}_{\mathcal{A}}$                                                                                                                                                                                                 |                       |
| Notary Public in and for said State                                                                                                                                                                                         |                       |
| My commission expires on *WLG720206WLG*                                                                                                                                                                                     | W09-1858              |
| - MPG 17070 OUTC                                                                                                                                                                                                            | 0500106356            |

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## **LEGAL DESCRIPTION**

LOT 16 IN BLOCK 3 IN BECKER EDGEBROOK FOREST PRESERVE ADDITION, A SUBDIVISION OF LOTS 18, 19 24 AND 25 IN BRONSON'S PART OF CALDWELL RESERVE IN TOWNSHIPS 40 AND 41 NORTH RANGE 13 EAST OF THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY

Commonly known as:

6301 North Leroy Avenue, Chicago, 1L 60646

Permanent Index No:

13-04-205-014-0000

Accord and Return ve:
The Wirbicki Law Group LC
Attorney for Plaintiff
33 W. Monroe St., Suite 1140
Chicago, II. 60603
Phone: 312-360-9455
"ax: 312-572-7823
No. 42463
"e

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## UNOFFICIAL COPY CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

| State of California                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| County of VENTURA                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| On <u>05/04/2012</u> before me, <u>JEANETTE</u>                                                      | R. ATLAS, NOTARY PUBLIC  (Here insert name and title of the officer)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| personally appeared SEAN GOLBAD AND                                                                  | JUAN SOTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| who proved to me on the basis of satisfactory evidenthe within instrument and acknowledged to me the | dence to be the person(s) whose name(s) is/are subscribed to nat he/she/they executed the same in his/her/their authorized on the instrument the person(s) or the entity upon behalf of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| I certify under PENALTY OF PEKJURY under the is true and correct.                                    | ne laws of the State of California that the foregoing paragraph                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| WITNESS my hand and official seal.                                                                   | JEANETTE R. ATLAS Commission # 1927757 Notary Public - California Los Angeles County My Comm. Expires Mar 5, 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Signature of Notary Public                                                                           | (Notary Seal)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                      | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| ADDITIONAL OI                                                                                        | PTIONAL DEFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| DESCRIPTION OF THE ATTACHED DOCUMENT  (Title or description of attached document)                    | INSTRUCTIONS FOR COMPLETING THIS FORM  Any acknowledgment of upleted in California must contain verbiage exactly as appears above in the notary oction or a separate acknowledgment form must be properly completed and attacled to that document. The only exception is if a document is to be recorded out ide of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| (Time of description of attached document)                                                           | verbiage does not require the notary to does not nething that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| (Title or description of attached document continued)                                                | document carefully for proper notarial worain; ar i ottach this form if required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Number of Pages Document Date                                                                        | <ul> <li>State and County information must be the State and County where the document signer(s) personally appeared before the notary puol of r acknowledgment.</li> <li>Date of notarization must be the date that the signer(s) personally appeared which</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| (Additional information)                                                                             | must also be the same date the acknowledgment is completed.  The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| CAPACITY CLAIMED BY THE SIGNER                                                                       | Print the name(s) of document signer(s) who personally appear at the time of notarization.      Indicate the compating and the left of the second of th |
| ☐ Individual (s)                                                                                     | <ul> <li>Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| ☐ Corporate Officer                                                                                  | information may lead to rejection of document recording.  The notary seal impression must be clear and photographically reproducible.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| (Title)                                                                                              | Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ☐ Partner(s) ☐ Attorney-in-Fact                                                                      | <ul> <li>Signature of the notary public must match the signature on file with the office of<br/>the county clerk.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| ☐ Trustee(s)                                                                                         | Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Other                                                                                                | <ul> <li>Indicate title or type of attached document, number of pages and date.</li> <li>Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |