Recording Requested By: WELLS FARGO BANK, N.A.

When Recorded Return To:

DEFAULT ASSIGNMENT WELLS FARGO BANK, N.A. MAC X9998-01P PO BOX 1629 MINNEAPOLIS, MN 55440-9049

## CORPORATE ASSIGNMENT OF MORTGAGE

Cook, Illinois
"BRASWELL"

Date of Assignment: August 30th, 2013

Assignor: CITY OF CHICAGO, ILLINOIS DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT at 318 S.

MICHIGAN AVENUE, CHICAGO, IL 60604

Assignee: WELLS FARGO BANK, NA at 1 HCIVE CAMPUS, DES MOINES, IA 50328

Executed By: KEITH BRASWELL MARRIED TO LOIS BRASWELL To: BANK UNITED OF TEXAS, FEDERAL SAVINGS BANK

Date of Mortgage: 06/11/1996 Recorded: 06/14/1996 as Instrument No.: 96-457836 In the County of Cook, State of Illinois.

or minors.

Assessor's/Tax ID No. 20-35-315-016-0000

Property Address: 8645 S. MARYLAND AVE., CHICAGO, IL 60619

Legal: LOT 30 AND LOT 31 (EXCEPT THE NORTH 1/2 THEREOF) IN BLOCK 5 IN ASHTON'S SUBDIVISION OF THE WEST 30 ACRES OF THE SOUTH 60 ACRES OF THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 35, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERID'AM, IN COOK COUNTY, ILLINOIS.

KNOW ALL MEN BY THESE PRESENTS, that for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the said Assignor hereby assigns unto the above-named Assigner, the said Mortgage having an original principal sum of \$81,800.00 with interest, secured thereby, with all money's now owing or that may hereafter become due or owing in respect thereof, and the full benefit of all the powers and of all the covenants and provisos therein contained, and the said Assignor hereby grants and conveys unto the said Assignee, the Assignor's beneficial interest under the Mortgage.

TO HAVE AND TO HOLD the said Mortgage, and the said property unto the said Assignee forever, subject to the terms contained in said Mortgage.

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## **UNOFFICIAL COPY**

CORPORATE ASSIGNMENT OF MORTGAGE Page 2 of 2

| CITY OF CHICAGO, ILLINOIS DEPARTMENT OF HOUSING AND URBAN DEVEL                                                                                                                                                                                                                               | OPMEN!                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| By: Matt Martin                                                                                                                                                                                                                                                                               |                                                                             |
| Director, Servicing and Loss Mitigation                                                                                                                                                                                                                                                       |                                                                             |
| STATE OF OKLAHOMA                                                                                                                                                                                                                                                                             |                                                                             |
| COUNTY OF OKLAHOMA                                                                                                                                                                                                                                                                            |                                                                             |
|                                                                                                                                                                                                                                                                                               |                                                                             |
| ond Septembefore me, Sharon Lettest                                                                                                                                                                                                                                                           | _, a Notary Public in and for                                               |
| in the State of Orlahom                                                                                                                                                                                                                                                                       | , personally appeared                                                       |
| mattingertin unector                                                                                                                                                                                                                                                                          | , personally known to me (or                                                |
| proved to me on the basis of satisfactory evidence) to be the person(s) whose name within instrument and acknowledged to me that he/she/they executed the same in his and that by his/her/their signature on the instrument the person(s), or the entity upon acted, executed the instrument. | s/her/their authorized capacity,                                            |
| WITNESS my hand and official sear,                                                                                                                                                                                                                                                            | SHARON L. REESE                                                             |
| Should go                                                                                                                                                                                                                                                                                     | (SEAL) Notary Public State of Oklahoma mmlasion # 12009190 Expires 09/28/16 |
| Notary Expires (9) 38 1 6                                                                                                                                                                                                                                                                     | (This area for notarial seal)                                               |

Prepared By: VILAI XIONG, WELLS FARGO BANK, N.A. 1000 F.UI: GENTIAN RD, MAC X9998-018, EAGAN, MN 55121 1-866-234-8271