#### **Document Execution Coversheet**

**Date:** April 30, 2018 **Loan #:** 0000156111 **File #:** 16-04791

**Document Type:** LOSS MITIGATION AFFIDAVIT

**Borrower:** VERA SMOLYANSKY

Property Address: 3318 HIGHLAND RD, NORTHBROOK, IL 60062

### Please execute and return the attached document to:

Marinosci Law Group, P.C. 134 N. LaSalle St. Suite 1900 Chicago, IL 60602

#### **Contact Information for questions:**

Claudia Liendo 312.940.8580 cliendo@mlg-defaultlaw.com

\*\*\*\*IF ANY ATTEMPTS TO OFFER LOSS MITIGATION TO BORROWER(S)
WERE MADE, PLEASE ATTACH ALL CORRESPONDENCE/BUSINESS
RECORDS. THANK YOU!

Firm No.: 59049

## STATE OF ILLINOIS COUNTY OF COOK

# IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS, - COUNTY DEPARTMENT - CHANCERY DIVISION -

WILMINGTON SAVINGS FUND SOCIETY, FSB, D/B/A CHRISTIANA TRUST, NOT INDIVIDUALLY BUT AS TRUSTEE FOR HILLDALE TRUST	Case No.: 2016 CH 05793	
Plaintiff, vs.	Cal No.: 59	
VERA SMOLYANSKY, YURY SMOLYANSKY, GREAT LAKES CREDIT UNION, UNKNOWN OWNERS AND NON-RECORD CLAIMANTS	Property Address: 3318 HIGHLAND RD NORTHBROOK, IL 60062	
Defendant(s).		
LOSS MITIGAT	ION AFFIDAVIT	
I,, h	I,, hereby state as follows:	
I am employed by Fay Servicing, LLC, as attorney-	in-fact for Plaintiff, Wilmington Savings Fund Society,	
FSB, d/b/a Christiana Trust, not individually but as trustee t	for Hilldale Trust as a	
I have authority	to execute this Affidavit on its behalf.	
With respect to the subject mortgage loan, my empl	loyer is the appropriate entity to extend loss mitigation, if	
any to the mortgagor(s), as defined in Section 15-1209 of the	ne Illinois Mortgage Foreclosure Law.	
I have performed or caused to be performed a review of	of the records maintained in the ordinary course of the	
business of my employer relating to the subject mortga	age loan, and based on that review:	
1. The subject mortgage loan is eligible for the	e following loss mitigation programs:	
2. For each of the programs listed above, the f	following steps have been taken by the mortgagee to	

comply with its obligations under such program:

16-04791

3.	For each of the programs listed above	ve, the current status of loss mitigation efforts is as follows:
	The above is true and accurate to the	best of my personal knowledge and based upon my review of the
	records as set forth above.	
Under penalti	es pursuant to §1-109 of the Code of C	Civil Procedure, I certify that the statements herein are true and
correct.		
Executed at _	, on	
		Fay Servicing, LLC, as attorney-in-fact for Plaintiff, Wilmington Savings Fund Society, FSB, d/b/a Christiana Trust, not individually but as trustee for Hilldale Trust  Name:  Title:
STATE OF _	)	
COUNTY O	) SS:	
Subscribed an	d Sworn to before me on	
NOTARY PU	BLIC	
134 N. LaSall	LAW GROUP, P.C. e Street, Suite 1900 12-940-8580: Facsimile: 401-262-2114	$\it \Delta$

Firm No.: 59049

mlgil@mlg-defaultlaw.com