THIS FORM HAS RESN APPROVED BY THE INDIANA STATE BAR ASSOCIATION FOR USE BY LAWYERS ONLY. THE SELECTION OF A FORM OF INSTRUMENT, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS AND INSERTION OF SPECIAL CLAUSES, CONSTITUTES THE PRACTICE OF LAW AND MAY ONLY BE DONE BY A LAWYER.

## 91009613 REAL ESTATE MORTGAGE

This indenture witnesseth that

JOHN E. MASSACK and KOBERTA L. MASSACK, Husband and Wife

of LAKE COUNTY, INDIANA

, as MORTGAGOR S,

Mortgage and warrant to

GREGORY S. MASSACK and DIANE S. TAYLOR, jointly with right of survivorship

of LAKE COUNTY,

Indiana, as MORTGAGEE S,

the following real estate in State of Indiana, to wit: LAKE

Lot 40 in Highland Terrace Fifth Addition to the Town of Highland, as per plat thereof, recorded in Plat Book 30, page 19, in the Office of the Racorder of Lake County, Indiana, said real estate being commonly known as 3040 Strong Street; Highland, Clake County, Indiana, of Key Number 27-234-40) Lake County Recorder!

Mail Tax Bills To:

Mr. & Mrs. John E. Massack 3040 Strong Street

and the rents and profits therefrom, to secure the payment, when the same shall become due, of the following indebtedness:

This mortgage secures an indebtedness of even date in the amount of \$2,500.00 payable from mortgagers to mortgagees one (1) year after written demand.

Upon failure to pay said indebtedness as it becomes tipe, or any part thereof at maturity, or the taxes or insurance hereinafter stipulated, then said indebtedness shall be due and collectible, and this mortgage may be foreclosed accordingly. It is further expressly agreed that, until said indebtedness is paid, the Mortgagor will keep all legal taxes and charges against the real estate paid as they become due, and will keep the buildings thereon intured against fire and other casualties in an amount at least equal to the indebtedness from time to time owing, with loss payable clause in favor of the Mortgagee, and will, upon request, furnish evidence of such insurance to the Mortgagee, and, failing to do so, the Mortgagee may pay said taxes or insurance, and the amount so paid, with

## **Additional Covenants:**

|           | State of Indiana,   | LAKE   | County, ss:                         | Dated this 25 Day of February 19             | 11_  |
|-----------|---|--|-------------------------------------|--|------|
|           | Before me, the undersigned, and State, this                           | _ day of Februa  | ary 19 91                           |  | Seal |
|           | ROBERT<br>and acknowledged the execut<br>whereof, I have geunto subsc | TA L. MASSACI<br>ion of the foregol<br>cribed my name an | K<br>ing morigage. In witness       | Moberta L. Massack                           | Seel |
| ,         | My commission entires Octo  | relyn by.  | Koll 19 93                          |  | Sod  |
| 3         | ACQUE   | ELYN M. KOHL   | Signature                           |  | Seel |
| THINDS TO | Regulent of SEAKE   | Jacquelyn M  | Printed Name County  Kohl 5252 Hohm | nan Avenue, Hammond, IN. 46320 Attorney et l | 100  |
| 7         | 1.7.476   |  | •                                   | e., Hammond, IN. 46320 Allorney at l         | w v  |