My Commission Expires: $_{6-9-94}$

/ACTING FOR THE DIRECTOR This instrument was prepared under the direction of ? Federal Housing Administration, Indianapolis, Indiana. PLEASE RETURN COPY TO: TICOR TITLE INSURANCE COMPANY, 151 N. DELAWARE, INDIANAPOLIS, IN 46204 TAX MAILING ADDRESS IS:__

Notary Public

RESIDING IN MARION COUNTY, INDIANA

DAVID F. PINSKY, OFFICE OF THE GENERAL COUNSEL