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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

97 APR 21 AM 9:00

RETURN TO: BANK CALUMET
INSTALLMENT LOAN DEPT.
5231 HOHMAN AVENUE
HAMMOND, INDIANA 46320

97024502

**MORTGAGE LOAN EXTENSION AGREEMENT
(FOR HOME EQUITY LINE OF CREDIT)**

THIS AGREEMENT is entered into by and between BANK CALUMET, 5231 Hohman Avenue, Hammond, Indiana (the "Bank"), and Julius S. Satmary and Genevieve P. Satmary (the "Borrower").

WHEREAS, Borrower is indebted to Bank on a loan (the "Loan") as evidenced by:

- a. A Bank Calumet Home Equity Line of Credit Agreement and Disclosure, dated the 24th day of April, 1992 (the "Loan Agreement"); and
- b. a Home Equity Line of Credit Promissory Note dated the same as the Loan Agreement in a stated principal amount of \$ 20,000.00 (the "Note"); and
- c. a Home Equity Real Estate Mortgage dated the same as the Loan Agreement and recorded in the Lake County Recorder's Office on the 26th day of May 1992, as Document No. 92033148 (the "Mortgage"), which Mortgage is a lien and encumbrance on the real estate described therein (the "Real Estate");

which Loan Agreement, Note and Mortgage are hereinafter referred to collectively as the "Loan Documents"; and

WHEREAS, Bank is the owner and holder of the Note and Mortgage; and

WHEREAS, Bank and Borrower have agreed to extend the date of maturity of the Loan and to modify and amend the Loan Documents accordingly in the manner agreed to herein.

For mutual consideration, the receipt of which is hereby acknowledged, the Borrower and Bank hereby agree as follows:

- 1. NEW MATURITY DATE. The first paragraph of the Note is agreed to be amended and restated as follows:

"FOR VALUE RECEIVED, the undersigned jointly and severally promise to pay to the order of BANK CALUMET, in lawful money of the United States of America, at its office in Hammond, Indiana, the principal sum of Twenty Thousand Dollars & no/100 Dollars (\$20,000.00), or such lesser amount which is owed from time to time, with interest, in accordance with the provisions of that certain Bank Calumet Home Equity Line of Credit Loan Agreement and Disclosure, of even date herewith (hereinafter called the "Agreement"), which amounts shall mature and be due and payable in full on the tenth (10) anniversary of the date of this Agreement as set forth below."

Section 10 of the Loan Agreement is agreed to be amended and restated as follows:

17-

"TERM: This Agreement (unless extended by Bank in writing at its sole option) shall remain in full force and effect for a period ending on the New Maturity Date (as defined in the Note, as amended) unless otherwise terminated in accordance with the terms set forth herein. **THIS LOAN SHALL MATURE AND IS PAYABLE IN FULL ON THE NEW MATURITY DATE. YOU MUST REPAY THE ENTIRE UNPAID PRINCIPAL BALANCE OF THE LOAN AND ALL UNPAID FINANCE CHARGES, MEMBERSHIP FEES, LATE CHARGES CREDIT INSURANCE PREMIUMS, OTHER CHARGES AND BANK EXPENSES (AS DEFINED IN SECTION 13) THEN DUE. THE BANK IS UNDER NO OBLIGATION TO REFINANCE THIS LOAN OR ANY OF THE EXPENSES, CHARGES OR OTHER AMOUNTS PAYABLE ON THE NEW MATURITY DATE. YOU MAY HAVE TO PAY SOME OR ALL OF THE CLOSING COSTS NORMALLY ASSOCIATED WITH A NEW LOAN EVEN THOUGH YOU OBTAIN REFINANCING FROM THE BANK."**

The end of the second sentence of the Mortgage is agreed to be amended by substituting, the words "ending on the New Maturity Date (as defined in the Note, as amended)" in place of the words "of five (5) years".

The second sentence of the fourth full paragraph of the Mortgage is agreed to be amended and restated as follows:

"The monthly payments required by said Agreement and said Note may not therefore fully amortize the Mortgagor's loan balance over the period ending with the New Maturity Date, and on the New Maturity Date, the entire principal balance and unpaid interest shall be immediately due and owing by the Mortgagor."

2. **MARGIN.** The term "Margin" as defined in Section 23 of the Loan Agreement, and as used in the Loan Documents, shall be equal to three-quarter percent (3/4%).

3. **BORROWER'S COVENANTS, REPRESENTATIONS & WARRANTIES.**

a. All other provisions of the Loan Documents not specifically referenced above are hereby modified and amended as of the effective date hereof pursuant to Paragraph 2.d. below, to be, in each and every instance, consistent with and in conformity to, the modifications and amendments hereto made to the Note, Loan Agreement and Mortgage as set forth above in Paragraph 1 of the Agreement.

b. Borrower hereby reaffirms and agrees to abide by and timely perform all of the terms, conditions and covenants in the Loan Documents as modified and amended hereby.

c. Borrower hereby specifically agrees, warrants, represents and acknowledges that legally proper, sufficient and adequate consideration has been given to enter into this Agreement and that Borrower is and continues to be legally bound and obligated for the debt evidenced by the Loan Documents as modified and amended hereby.

d. Borrower further agrees that all terms, conditions and covenants of the Loan Documents shall remain unaltered and in full force and effect except as herein expressly modified and amended, all of which are incorporated herein by reference, and further that the modifications and amendments to the Loan Documents made by this Agreement shall not be construed or interpreted, and are not intended, to be made retroactive to the original date of the Loan Documents, but instead, are intended to be effective as of that date which is the date of this Agreement as set forth below.

ATTENTION ESTATE: Disclosure of the SSN we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 0394-94

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First Middle Last) JULIUS STEPHEN SATMARY		2. SEX MALE		3a. TIME OF DEATH 7:20 A.M.		3b. DATE OF DEATH (Month, Day, Year) FEBRUARY 11, 1994	
4. SOCIAL SECURITY NUMBER 316-18-6419		5a. AGE—Last Birthday (Years) 68		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo. Day, Yr) Nov. 12, 1925		7. BIRTHPLACE (City and State or Foreign Country) Whiting, Indiana					
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946		8c. PLACE OF DEATH (Check only one. See instructions) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> POA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9a. FACILITY NAME (If not institution, give street and number) THE COMMUNITY HOSPITAL				9b. CITY, TOWN OR LOCATION OF DEATH MUNSTER		9c. COUNTY OF DEATH LAKE	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Genevieve Komplier		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Sales Representative		12b. KIND OF BUSINESS/INDUSTRY Oil Company	
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Highland		13d. STREET AND NUMBER 2849-38th St	
13a. ZIP CODE 46322		13i. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	
13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		16. RACE—American Indian, Black, White, etc. (Specify) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) 2 College (1-4 or 5+) 2			
18. FATHER'S NAME (First Middle Last) Joseph Satmary				19. MOTHER'S NAME (First Middle, Maiden Surname) Julia L. Dieszegi			
20a. INFORMANT'S NAME (Type/Print) Genevieve Satmary				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2849-38th St Highland, IN. 46322		20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) February 15, 1994 Chapel Lawn Memorial Gardens			21c. LOCATION—City or Town, State Schererville, Indiana		
22a. EMBALMER'S NAME Marc J. Mosqueda				22b. EMBALMER'S LICENSE NO. FDO 8800240		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>				24b. LICENSE NUMBER (of Licensee) FDO 1006015		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Fagen-Miller Funeral Gardens Inc 2828 Highway Ave highland, Indiana 46322 FB3003035	
26. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death							
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Myocardial infarction DUE TO (OR AS A CONSEQUENCE OF) cardio myopathy							
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last c. chronic artery disease DUE TO (OR AS A CONSEQUENCE OF)							
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. Recent myocardial infarction							
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No				28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.							
29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>				29c. MEDICAL LICENSE NO. 18389		29d. DATE SIGNED (Month, Day, Year) FEBRUARY 14, 1994	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. RONALD REED, M.D., 3641 RIDGE ROAD, HIGHLAND, INDIANA 46322							
31. HEALTH OFFICER'S SIGNATURE <i>Alexander D. Williams, M.D.</i>						32. DATE FILED (Month, Day, Year) February 14, 1994	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)	
		34d. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			34e. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

e. Borrower hereby warrants and represents to Bank that there is and will be no subsequent mortgage or other subsequent junior lien now or hereafter placed against the Real Estate, and that the lien of the Mortgage is and shall remain after the date hereof, a valid and subsisting lien on the Real Estate.

f. Nothing herein contained shall be construed to impair the security of the Mortgage nor the rights and remedies of the Bank or its successors in interest under the Loan Documents nor affect nor impair any right or powers which they may have under the Loan Document for the recovery of the debt with interest as provided by the Loan Documents.

IN WITNESS WHEREOF, the Bank and the borrower have executed this Agreement this 14th day of April, 19 97.

BANK:

BANK CALUMET

By: *Lawrence H. Stengel*

Lawrence H. Stengel

Title: Senior Vice President

BORROWER:

DECEASED 2/11/94

Julius S. Satmary

Genevieve P. Satmary

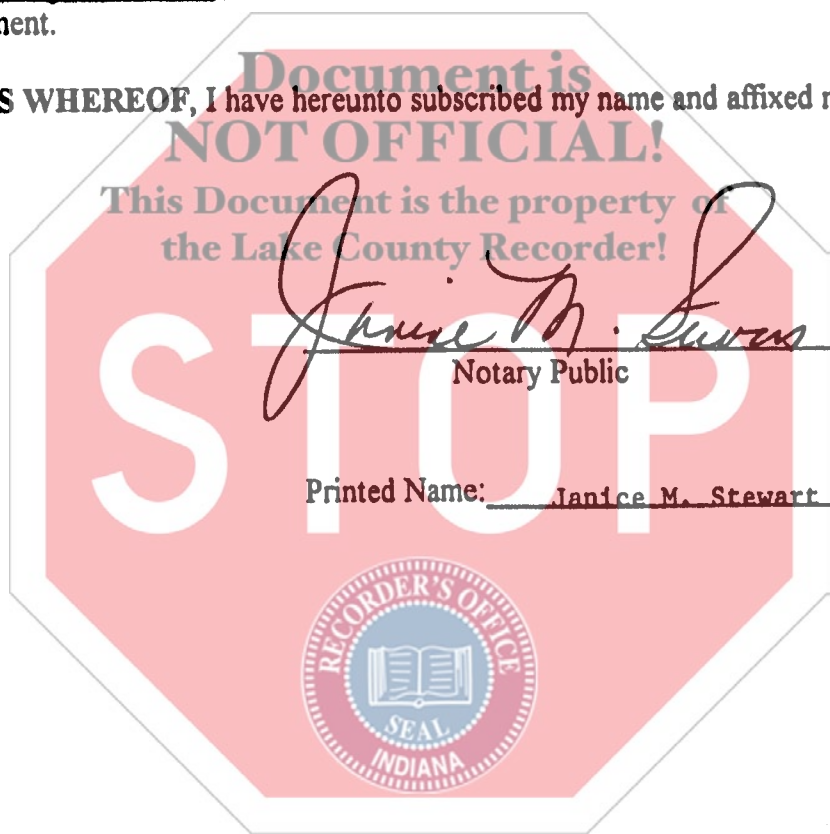
Genevieve P. Satmary



STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned Notary Public in and for said County and State, this 14th day of April, 1997, did personally appear Lawrence H Stengel, the Sr Vice President, for and on behalf of BANK CALUMET, and Julius S. Satmary & Genevieve P. Satmary (the "Borrower") who acknowledged the execution of the foregoing instrument.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.



Printed Name: Janice M. Stewart

My Commission Expires
~~MY~~ COMMISSION EXPIRES
February 12, 1999

County of Residence:
Lake