THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY. THE SELECTION OF A FORM OF INSTRUMENT, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS, AND INSERTION OF SPECIAL CLAUSES, MAY CONSTITUTE THE PRACTICE OF LAW WHICH SHOULD ONLY BE DONE BY A LAWYER.

STATE COLORIDAY

LAYER OF DEMINE

2000 060 09 2000 At The undersigned promises to pay to the order of	John M. Turner
The undersigned promises to pay to the order of	the sum of Thirty-five Thousand and no cents Dollars Depropries amount outstanding at the rate of ten percent little, except during any period of default the interest rate shall be
\$35.000.00), together with simple interest on $$$	he principal amount outstanding at the rate of ten percent
10 %) per annum until this Note is paid in	Tull, except during any period of default the interest rate shall be
percent (<u>12</u> %) per annum.	
Payment of this Note shall be made as follows m	ark only onej:
On demand.	(1. 41 11
	ch time all principal and interest shall be paid in full.
In monthly installments of \$	each, beginning, 199 and continuing on, at which time all remaining principal and interest shall be
poid in full. This Note has been amortized over a	poriod of warre
In monthly installments of \$	period of years. 15,199, and continuing on
the same day of each month until	, at which time a final/balloon payment of \$
shall be due, which shall pay this Note in full, if all	monthly payments have been timely made. This Note has been amortized
1 1 0	
Insert any other payment provisions here: See	attached schedule of payments ty of
	edule shall become due, in advance, on the
1st day of each calendar month.	To Marie Godaley Alocol Gol.
	hen due, the entire unpaid principal and interest shall, at the option of the
	ue and payable. Forbearance on the part of the Holder in accelerating or
	vaiver of the right to do so at any future date. Upon default, the Holder shall
	but not limited to, reasonable attorney fees. This Note is payable without
pplied first to costs of collection, then to interest, the	te may be prepaid in full, or in part, without penalty. Payments shall be
	aived by all makers, sureties, guarantors and endorsers of this Note. This
•	akers, sureties, guarantors and endorsers, and shall be binding upon them
	ntatives. This Note shall be governed by Indiana law. Time shall be of the
	agreement or mortgage, the provisions of this Note shall control.
[Mark the appropriate provision(s)]:	
This Note is unsecured.	
	ned has granted a security interest in personal property described in a
Security Agreement dated	
	ned has granted a mortgage to Holder on real estate described in a Real
Estate Mortgage dated <u>April</u> 2000.	
Additional Provisions: Any monthly narmont	not recieved in a timely fashion, shall have
Any monthing payment i	not recieved in a timely fashion, shall have
a late charge of \$40.	.00. 2000 100 100 100 100 100 100 100 100 10
6 U 12 L	I Draw O'M W.
Juny .	The state of the s
	100 Com July 7 70"
Payment of this Note shall be made to the Holder	at 117 Clear Springs, Montgomery, Texas 77356
or a	at such other address as the Holder may designate to the undersigned in
riting.	so buch built address as the Holder may designate to the undersigned in
This Note is executed on April	, XXX 2000 at Valparaiso, Indiana.
A A	1/ ,
Land Ciny	of alle h. Eny
(Signature)	(Signature)
erry L. Erny	Kathleen M. Ermy
(Name Printed or Typed)	(Name Printed or Typed)
Mishael & Tanan	er, 15 N. Washington St., Valparaiso, IN Attorney at Law A
his instrument prepared by: MICHAEL A. Lange	
	The Allen County Indiana Bar Association, Inc. (Printed Nov. 1991)
	$\mathcal{N}_{\mathcal{L}}$
	· At



Official Stamp

2000 060109

FILED TO AND AS 49

2000 AUG 18 PM 3: 49

MORRIS W. CARTER.
RECORDER

Document Mail Back to Information Sheet

This is where you want the recorded document sent back to when it has completed the recording processer!

Name	KATHEEN M. EWY
Address	9204 E. 9340 AVE
City StZip	CLOWN POINT IN 46307
Telephone	219/942-4458
Signature Printed	KATHLEEN M. ENNY
Signature Written	Kothen M. Erry
Date of Signature	8-18-00
Check Number	
Check Amount	
	C'ASH 10.00

Office Use Only

☐Yes ☐No
AM