

EACH GRANTOR ACKNOWLEDGES HAVING READ ALL THE PROVISIONS OF THIS MORTGAGE, AND EACH GRANTOR AGREES TO ITS TERMS.

GRANTOR:

x Betty M. Ferry
BETTYE M FERRY, Individually

x Suzane Rocky
SUZANE ROCKY, Individually

INDIVIDUAL ACKNOWLEDGMENT

STATE OF INDIANA)

COUNTY OF LAKE)

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On this day before me, the undersigned Notary Public, personally appeared **BETTYE M FERRY**, to me known to be the individual described in and who executed the Mortgage, and acknowledged that he or she signed the Mortgage as his or her free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal this 18th day of October, 2000

By Marilyn Moring

Residing at Hammond, Indiana

Notary Public in and for the State of Indiana

My commission expires 4-14-01

INDIVIDUAL ACKNOWLEDGMENT

STATE OF INDIANA)

COUNTY OF LAKE)



On this day before me, the undersigned Notary Public, personally appeared **SUZANE ROCKY**, to me known to be the individual described in and who executed the Mortgage, and acknowledged that he or she signed the Mortgage as his or her free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal this 18th day of October, 2000

By Marilyn Moring

Residing at Hammond, Indiana

Notary Public in and for the State of Indiana

My commission expires 4-14-01

TYPE OR PRINT PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

Below for State Office Use

A B C D

RE-FILM, CORRECTION ON THE ADDRESS IN 2 PLACES.

1 2 3 4 5 6 7 8

Disposition Permit Issued Provisional Certificate Yes No

EMBALMER'S NAME Michael H. Goril

FUNERAL DIRECTOR'S SIGNATURE Michael H. Goril

FUNERAL HOME No. 285

Local No. 472

INDIANA STATE BOARD OF HEALTH CORONER'S CERTIFICATE OF DEATH

State No.

DECEASED-NAME ROBERT E. MARTELL SEX Male DATE OF DEATH June 5, 1982. Includes fields for race, age, date of birth, hospital, cause of death, and certifier information.