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Account Number
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**MODIFICATION AND EXTENSION
OF MORTGAGE**

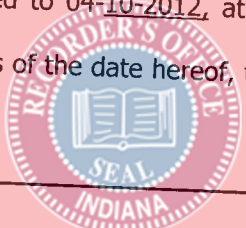
Chicago Title Insurance Company

620022539

BORROWER		MORTGAGOR	
Chester L. Soltis Elizabeth L. Soltis (Dec.)		Chester L. Soltis and Elizabeth L. Soltis, as Trustees of the Chester L. and Elizabeth L. Soltis Living Trust dated January 26, 1995	
ADDRESS		ADDRESS	
905-175 th Place Hammond, IN 46324		905-175 th Place Hammond, IN 46324	
TELEPHONE NO.	IDENTIFICATION NO.	TELEPHONE NO.	IDENTIFICATION NO.
ADDRESS OF REAL PROPERTY: 905-175th Place, Hammond, IN 46324			

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THIS MODIFICATION AND EXTENSION OF MORTGAGE, dated the 22nd day of March 2002, is executed by and between Mortgagor and Mercantile National Bank of Indiana

- A. On 05/24/94 Lender made a loan ("Loan") to Borrower evidenced by Borrower's promissory note ("Note") payable to Lender in the original principal amount of Fourty Thousand Dollars (\$40,000), which Note was secured by a mortgage ("Mortgage") executed by Mortgagor for the benefit of Lender encumbering the real property described on Schedule A below and recorded on 05/25/94 in the records of the recorder of Lake County, Indiana. The Note and Mortgage and any other related documents are hereafter cumulatively referred to as the "Loan Documents."
- B. The parties have agreed to modify and extend the maturity date of the Note, and it is necessary to provide for a similar modification and extension of the Mortgage. The parties agree as follows:
 1. The maturity date of the Note is extended to 04-10-2012, at which time all outstanding sums due to Lender under the Note shall be paid in full.
 2. The parties acknowledge and agree that as of the date hereof, the amount of the lien of the Mortgage under the Loan is unchanged.

MORTGAGOR ACKNOLWEDGES THAT MORTGAGOR HAS READ, UNDERSTANDS, AND AGREES TO THE TERMS AND CONDITIONS OF THIS AGREEMENT, INCLUDING THOSE ON THE REVERSE HEREOF.

Dated: 3/22/02

Return to:
Chicago Title Insurance Company
2200 N. Main St.
Crown Point, IN 46307

MORTGAGOR:
Chester L. Soltis, as trustee
Chester L. Soltis, as Trustee

MORTGAGOR:
Elizabeth L. Soltis, as Trustee (Dec.)

157
2/11
07

MORTGAGOR:

MORTGAGOR:

MORTGAGOR:

MORTGAGOR:

3. The Mortgage is further modified as follows:

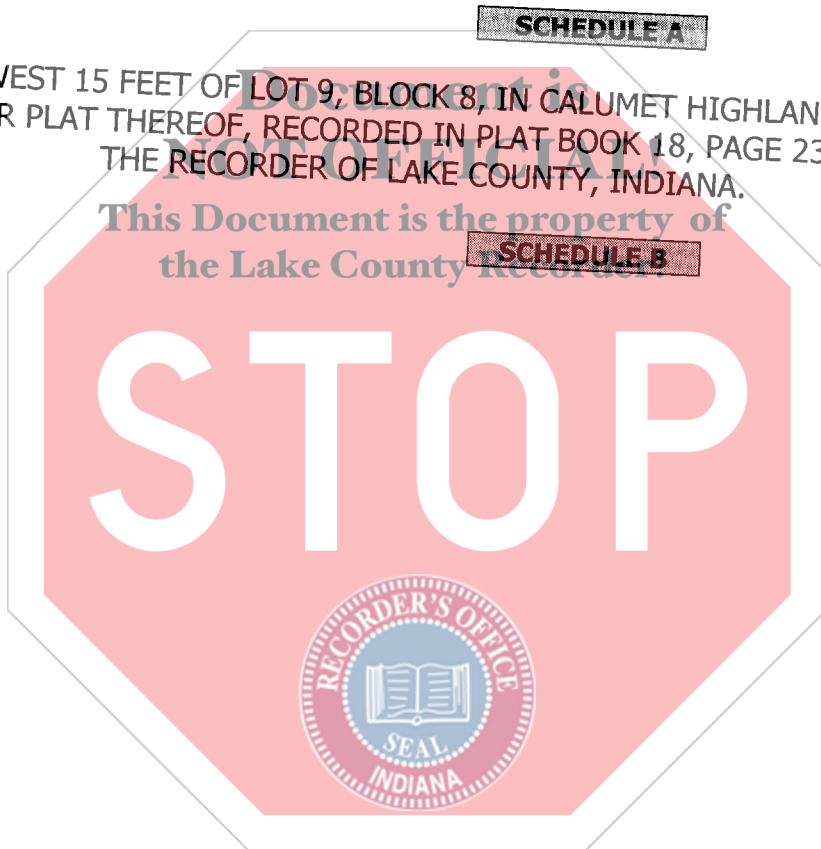
4. Mortgagor represents and warrants that Mortgagor owns the property free and clear of any liens or encumbrances other than the liens described on Schedule B below.
5. Except as expressly modified herein, all terms and conditions of the Loan Documents shall remain in full force and effect. The parties hereby adopt, ratify and confirm these terms and conditions as modified.
6. Mortgagor agrees to execute any additional documents which may be required by Lender to carry out the intention of this Agreement. As of the date this Agreement, there are no claims, defenses, setoffs or counterclaims of any nature which may be asserted against Lender by any of the undersigned.

SCHEDULE A

LOT 8 AND THE WEST 15 FEET OF LOT 9, BLOCK 8, IN CALUMET HIGHLANDS, IN THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 18, PAGE 23, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

This Document is the property of
the Lake County Recorder

SCHEDULE B



C. F. J.

STATE OF INDIANA)
COUNTY OF Lake) ss:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Chester L. Soltis
Extension & Amendment in my presence and stated that the representations contained therein are true.
Witness my hand and Notarial Seal this 22nd day of March, 2007.

Margaret A. Waechter

Notary Public Residing in Lake County

Margaret A. Waechter
Printed Signature

My Commission Expires: 4/27/08

STATE OF INDIANA)
COUNTY OF _____) ss:

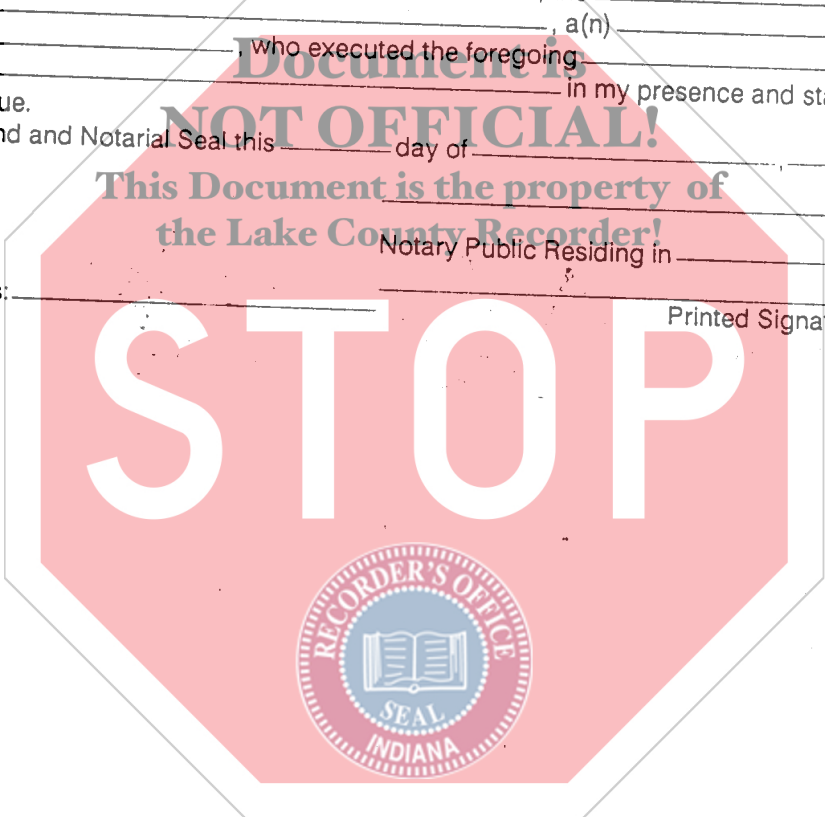
Before me, the undersigned, a Notary Public in and for said County and State, personally appeared _____, the _____ of _____, a(n) _____ who executed the foregoing _____ for and on behalf of said _____ in my presence and stated that the representations contained therein are true.
Witness my hand and Notarial Seal this _____ day of _____.

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NOT OFFICIAL!
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the Lake County Recorder!

Notary Public Residing in _____ County

Printed Signature

My Commission Expires: _____



THIS DOCUMENT WAS PREPARED BY:

AFTER RECORDING RETURN TO LENDER.

ATTENTION: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) ELIZABETH L. SOLTIS		2 SEX FEMALE	3a TIME OF DEATH 6:30A M	3b DATE OF DEATH (Month, Day, Yr.) JULY 26, 2001
4 *SOCIAL SECURITY NUMBER 304-38-9242	5a AGE—Last Birthday (Years) 64	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr.) JUNE 7, 1937
7 BIRTHPLACE (City and State or Foreign Country) JOLIET, ILLINOIS	8a WAS DECEDENT A U.S. VETERAN? NO	8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence	
9b FACILITY NAME (If not institution, give street and number) REGENCY PLACE		9c CITY, TOWN, OR LOCATION OF DEATH DYER	9d COUNTY OF DEATH LAKE	
10 MARITAL STATUS (Specify) MARRIED	11 SURVIVING SPOUSE (If wife, give maiden name) CHESTER SOLTIS	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) DELI MANAGER	12b KIND OF BUSINESS/INDUSTRY SUPERMARKET	
13a RESIDENCE—STATE INDIANA	13b COUNTY LAKE	13c CITY, TOWN, OR LOCATION HAMMOND	13d STREET AND NUMBER 905-175th PLACE	
13e ZIP CODE 46324	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) WHITE
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th College (1-4 or 5+) _____		18 FATHER'S NAME (First, Middle, Last) EDWARD DERNULC		
19 MOTHER'S NAME (First, Middle, Maiden Surname) ANNA GOLUB		20a INFORMANT'S NAME (Type/Print) CHESTER L. SOLTIS		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 905-175th PLACE, HAMMOND, INDIANA 46324		20c Relationship HUSBAND		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) JULY 30, 2001 HOLY CROSS CEMETERY		21c LOCATION—City or Town, State CALUMET CITY, ILLINOIS
22a EMBALMER'S NAME DEAN G. WAGNER		22b EMBALMER'S LICENSE NO. 8800057	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Dean G. Wagner</i>		24b LICENSE NUMBER (of Licensee) 8800057	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME SOLAN FUNERAL HOME FH83002893 7109 CALUMET AVE., HAMMOND, IN. 46324	
26 PART I Enter the diseases, 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 CNS Lymphoma DUE TO (OR AS A CONSEQUENCE OF) _____				
b _____ DUE TO (OR AS A CONSEQUENCE OF) _____				
c _____ DUE TO (OR AS A CONSEQUENCE OF) _____				
d _____ DUE TO (OR AS A CONSEQUENCE OF) _____				
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I				
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) N/A	
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>Alexander Stemer</i>		29c MEDICAL LICENSE NO. 01025591	29d DATE SIGNED (Month, Day, Year) JULY 26, 2001	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) ALEXANDER STEMER, M.D. 761-45th ST., MUNSTER, INDIANA 46321 932-3002				
31 HEALTH OFFICER'S SIGNATURE <i>Susan W. Best, D.O.</i>				32 DATE FILED (Month, Day, Year) July 31, 2001
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		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) JUL 31 2001		
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		