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REAL ESTATE MORTGAGE

This indenture witnesseth that TIMOTHY J. GIBBS of 1724 S. Broad Street, Griffith, Indiana 46319, as MORTGAGOR, Mortgage and warrant to THOMAS W. GIBBS of 1724 S. Broad Street, Griffith, Indiana 46319, as MORTGAGEE, the following real estate in Lake County, State of Indiana, to-wit:

N. 62 FT. of S. 435 FT. OF E. 266 FT. OF SW SW..379AC, S. 11 T. 35 R.9

Key No. 009-09-11-0152-0021

Commonly known as 1724 S. Broad Street, Griffith, Indiana 46319

and the rents and profits therefrom, to secure the payment, when the same shall become due, of the following indebtedness:

Upon failure to pay said indebtedness as it becomes due, or any part thereof at maturity, or the taxes or insurance hereinafter stipulated, then said indebtedness shall be due and collectible, and this mortgage may be foreclosed accordingly. It is further expressly agreed that, until said indebtedness is paid, the Mortgagor will keep all legal taxes and charges against the real estate paid as they become due, and will keep the buildings thereon insured against fire and other casualties in an amount at least equal to the indebtedness from time to time owing, with loss payable clause in favor of the Mortgagee, and will, upon request, furnish evidence of such insurance to the Mortgagee, and, failing to do so, the Mortgagee may pay said taxes or insurance, and the amount so paid, with Eight percent interest thereon, shall become a part of the indebtedness secured by this mortgage.

Additional Covenants: None

Dated this 25 day of February, 2004.

Timothy J. Gibbs
TIMOTHY J. GIBBS

State of Indiana)
) ss
Lake County)

Before me, the undersigned, a Notary Public in and for said County and State, this 25 day of February, 2004 personally appeared: Timothy J. Gibbs and acknowledged the execution of the foregoing mortgage. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

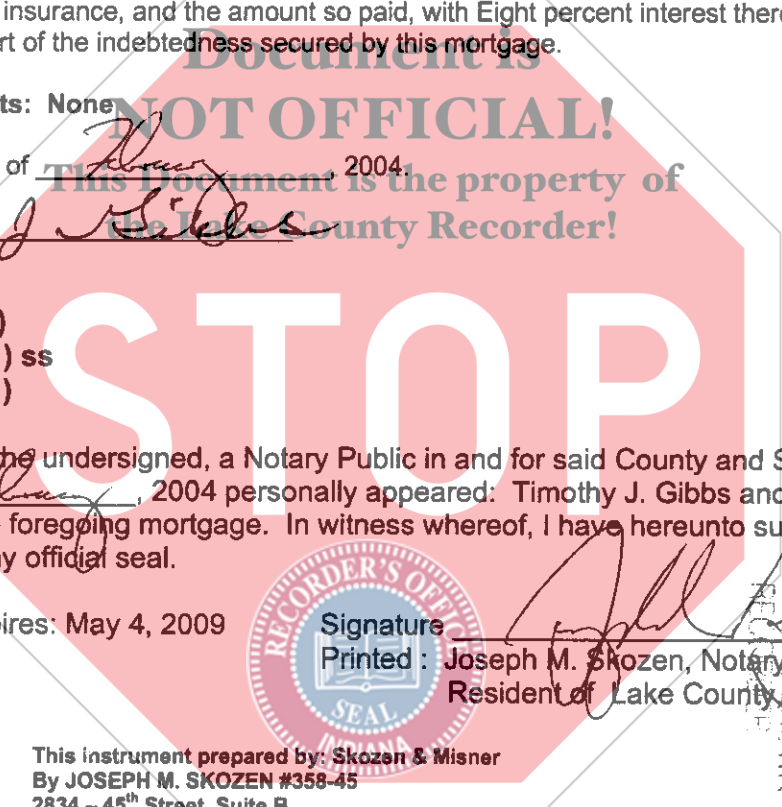
My commission expires: May 4, 2009



Signature: [Signature]
Printed: Joseph M. Skozen, Notary
Resident of Lake County, Indiana

This instrument prepared by: Skozen & Misner
By JOSEPH M. SKOZEN #358-45
2834 - 45th Street, Suite B
Highland, Indiana 46322
Telephone Number: (219)924-0770; Facsimile Number: (219)924-0772

MAIL TO: Attorney Joseph M. Skozen, #358-45
2834 - 45th Street, Suite B
Highland, Indiana 46322



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STATE OF INDIANA
LAKE COUNTY
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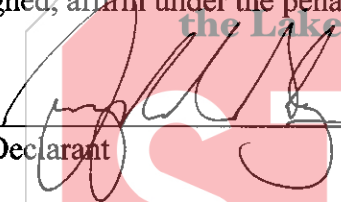
Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security numbers in the attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, the undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.



Signature of Declarant

Joseph M. Skozen

Printed Name of Declarant

