Witness:

Witness:

Witness:

ARLEN BARAJAS

NOTARY PUBLIC STATE OF INDIANA

. •		,					
ACCOUNT NUMBER NOTE							
BORROWER(S) NAME AND ADDRESS Nathaniel Harris 420 Detroit Street Hammond, IN 46320				PAYEE (WE, US, OUR) Jeffery A. Svantner, in lieu of foreclosure brokering			
		ITEMIZA	TION OF AN	OUNT FINANCI	ED	24	
2. \$ <u>32</u> 3. \$,000.00 Amount 2706.4 FINANC 7.000% ANNU 1,705.4 Total of I	NANCE CHARGE nation Fee (Prepaid FII e (Prepaid FINANCE (est)				
In this Note, t	the words you, y	ours and your me	an each and a	ll of those who sign	ned it as a Borrower.	200	، الت
The words we	e, us and our m	ean Payee (Credit	or).			MICHAE RE	E.S.
A. INTEREST BEARING: If checked, you agree to pay the Principal Amount of Loan (which may include a 2 Loan Origination Fee, if this loan is secured by a lien on real estate, which is not subject to refund upon prepayment) together with interest on the unpaid principal balances at the Agreed Rate of Charge set of the loan is secured by a lien on real estate, which is not subject to refund upon prepayment) together with interest on the unpaid principal balances at the Agreed Rate of Charge set of the loan is secured by a lien on real estate, which is not subject to refund upon prepayment) together with interest on the unpaid principal balances at the Agreed Rate of Charge set of the loan is secured by a lien on real estate, which is not subject to refund upon prepayment) together with interest on the unpaid principal balances at the Agreed Rate of Charge set of the loan is secured by a lien on real estate.							
THE FOLLO	WING APPLIES	TO AL <mark>ILOANS</mark>	ocumer	nt is the pro	operty of		COR.
LATE CHAR					date it is due, we m s allowed by I.C.a 2		
TIME OF REPAYMENT: The first payment shall be due on the date indicated and the following payments shall be due on the same day of each succeeding month to and including the Final Payment Due Date.							
NSF CHECK CHARGE	1		esult of non-su	ifficient funds in yo	te by check and you ur depository accoul		I
SIGNATURE: You have signed this Note on the Date of Note in the presence of the person(s) identifying themselves below as witnesses.							
COPY RECE	EIVED:	ou acknowledge r	eceipt of a cor	npletely filled-in do	py of this Note.		

NOTICE: See reverse side for additional terms and conditions.

SIGNATURE OF OTHER BORROWER

TURE OF OTHER BORROWER

Prepared by MAthhew Collins HOLD FOR MERIDIAN TITLE CORP MT 1402 D.D.M.

Term of Loan In Months 240

THE FOLLOWING APPLIES TO ALL LOANS:

COLLECTION COSTS:

If you don't make any payment when it is due, you will pay us reasonable amounts permitted by law which we spend trying to collect what you owe or trying to take, foreclose or sell the security. You will also pay our reasonable attorney fees, if referred to an attorney who is not our salaried employee, including any for appeals as permitted by law.

DELAY IN

ENFORCEMENT:

We may accept late payments or partial payments even though marked "payment in full", without losing any of our rights under this Note. We may delay enforcing any of our rights under this Note without losing them.

ENTIRE BALANCE DUE ON DEFAULT:

If you don't pay a monthly installment on the day it is due, we may demand from you DUE immediate payment of the entire amount of the unpaid principal balance of the loan and accrued but unpaid interest on such balance.

INTEREST AFTER FINAL DUE DATE:

If there is any unpaid balance remaining on the Final Due Date you agree to pay interest on that balance at the Agreed Rate of Charge shown on the reverse side.

GOVERNING LAW:

This Agreement is entered into and governed by the Indiana Consumer Credit Code except as preempted by federal law. If this Agreement is secured by a first lien on your real property, this Agreement is made and entered into under Section 501 of the Federal Depository Institutions Deregulation and Monetary Control Act of 1980, (Pub. L 96-221), as amended, which governs the Annual Percentage Rate and Points Finance Charge that may be imposed and preempts any state laws regulating these rates and charges.



Prescribed by the State Board of Accounts (2005)

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, redacted all Social Security numbers;
- 2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

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

