STATE OF INDIANAL LAKE COUNTY FILED FOR RECORD

2006 073906

2006 AUG 23 AM 11: 33

MICHAEL A. BROWN RECORDER

MORTGAGE
THIS MORTGAGE ("Security Instrument") is given on
The Mortgagor is Jackson Child Kotor ("Borrower")
This Security Instrument is given to Clifford Ray Journey ("Lender")
who is an individual person(s), and whose address is:

9500 Northcote Aus
Monster IN 46321

Borrower owes Lender the principal sum of \$16,000 / SIXTHOUSAND
for the Properly located at:

1113 Maniform Aut
Hammond IN

1001THWEST MODAMA TITLE SERVICES, INC.

102 Washington Street
162 Washington Street
162 Washington 46356
Lowell, Indiana 48356

with an interest rate of 3% to be made in monthly payments for 120 months in the amount of

FIETY Seven dollars & Ninety three Cents per month.
Payments are to be mailed to:

9500 Northcote Ave Munster, IN 46321

TOGETHER WITH all the improvements now or hereafter erected on the property, and all easements, appurtenances, and fixtures now or hereafter a part of the property. All replacements and additions shall also be covered by this Security Instrument. All of the foregoing is referred to in this Security Instrument as the "Property."

BORROWER COVENANTS that Borrower is lawfully seised of the estate hereby conveyed and has the right to mortgage, grant and convey the Property and that the Property is unencumbered, except for encumbrances of record. Borrrower warrants and will defend generally the title to the Property against all claims and demands, subject to any encumbrances of record.

16-13276

IDERS TO THIS SECURITY INSTRUMENT. If one or more riders are executed by Borrower and ecorded together with this Security Instrument, the covenants and agreements of such rider shall be accorporated into and shall amend and supplement the covenants and agreements of this Security instrument as if the rider(s) were part of this Security Instrument. (Check applicable ox(cs))
the Lake County Recorder! /
TANAMAS A CANAMAS A CANAMAS
Gradusted Payment Rider Planned Unit Development Rider Brweekly Payment Rider Balloon Rider Rate Improvement Rider Second Home Rider
Other(s) (Specify)
BY SIGNING BELOW, Borrower accepts and agrees to the terms and covenants contained in this Security Instrument and in any rider(s) executed by Borrower and recorded with it.
this Security instrument and it day many many
Witnesses:
D BD B SEAL S
(Scal)
(Scal)
Social Security Number
Social Security Number STATE OF INDIANA, Lalle County ss: On this AUG 1 6 2006 On this AUG 1 6 2006 Defore me, the understatility that I have taken reasonable
Social Security Number STATE OF INDIANA, Label County ss: On this AUG 1 6 2006 On this day of before me, the understand That I have taken reasonable periods and for said County, personally appeared CARE TO REDACT EACH SOCIAL SECURITY
Social Security Number STATE OF INDIANA, Lake County ss: On this AUG 16 2006 On this day of before me, the understand That I have taken reasonable Notary Public in and for said County, personally appeared Tackson Chiadikobon Social Security Number I AFFIRM UNDER THE PENALTIES FOR PERSONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT UNLESS
Social Security Number STATE OF INDIANA, Lake County ss: On this AUG 16 2006 On this day of before me, the understand That I have taken reasonable Notary Public in and for said County, personally appeared Tackson Chiadikobon Social Security Number I AFFIRM UNDER THE PENALTIES FOR PERSONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT UNLESS
Social Security Number STATE OF INDIANA, Lalle County ss: On this AUG 16 2006 On this Public in and for said County, personally appeared Notary Public in and for said County, personally appeared CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT UNLESS , and acknowledged the execution of the foregoing instrument. REQUIRED BY LAW.
Social Security Number STATE OF INDIANA, Lake County ss: On this AUG 16 2006 On this day of before me, the understand That I have taken reasonable Notary Public in and for said County, personally appeared Tackson Chiadikobon Social Security Number I AFFIRM UNDER THE PENALTIES FOR PERSONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT UNLESS
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NANCY A. COOK Lake County My Commission Expires April 26, 2009