STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Return To: Peoples Bank 9204 Columbia Ave Munster, IN 46321 2012 042577

2012 JUN 27 PM 12: 22

MICHELLE DE FAJMAN RECORDER

CrossReference to Mortgage Recorded as Instrument No. 2004 016466

AFFIDAVIT TO EXTEND MORTGAGE

| Todd Scheub , after first being du | ly sworn upon my oath, state that I am a/the |
|--|---|
| Chief Lending Officer of Peoples Bank, SB | ("Mortgagee"), and I have been authorized by Mortgagee to |
| execute this Affidavit. Mortgagee is the holder of the | e mortgage dated February 23, 2004 executed by |
| Deborah A. Urbanowicz | |
| which was recorded on February 27, 2004 as I | in the Office of the |
| Recorder of Lake County, Indian | a (the "Mortgage"). The Mortgage does not state a date by which |
| the obligations secured by the Mortgage (the "Secure | ed Obligations") become due. The Secured Obligations, which |
| have not been satisfied and continue to be secured by | the Mortgage, will become due and payable on or before |
| February 23 , 2024. This Affidavit is bei | ng executed in order to extend the expiration date of the |
| Mortgage in accordance with I.C. 32-28-4-3. Further | , Affiant sayeth not. |
| Tood Scheub, Chief Lending Officer | ment is |
| NOTOF | FICIAL! |
| STATE OF Indiana | is the property of |
| 755. | |
| the Lake Cou | inty Recorder! |
| Before me, a Notary Public, in and for said C | ounty and State, personally appeared Todd Scheub |
| who acknowledged the execution of the foregoing At | fidavit to Extend Mortgage |
| and the following Al | ndavit to Extend Mortgage. |
| Witness my Hand and Notarial Seal this 18th | day of June , 2012 |
| | _ day of <u>date</u> |
| | |
| - Company of the Comp | |
| Notary Public / // W// | 2 / Markali |
| Sharon V. Vacendak | |
| Control of the Section of the Sectio | |
| My Commission Expi | res: January 1, 2016 |
| | SA SOCIETY OF THE PROPERTY OF |
| My County of Resider | ce: Lake |
| | |
| | |
| | |
| This instrument prepared by Todd Scheub, Chi | ef Lending Officer |
| | DIANATURE |
| I affirm, under the penalties for perjury, that I have taken reason | onable care to redact each Social Security number in this document, unless |
| required by law. | |
| | |
| | 10 |
| 515003-1 (11529-0001) | AMOUNT \$/ \alpha |
| | |
| | CASHCHARGE |
| | CHECK#_508567017Z |
| | OVÉRAGE |
| | |
| | COPY |

NON-CONF_ DEPUTY____ pfl