

When recorded mail to: #689/907

First American Title
Loss Mitigation Title Services 1806 10
P O Box 27670
Santa Ana, CA 92799
RE STALLING - MOD REC SVC

2012 057595

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2012 AUG 24 AM 10:41

Loan # 682358718

LOAN MODIFICATION AGREEMENT
(PROVIDING FOR FIXED INTEREST RATE/CAPITALIZATION)

RECORDED

This Loan Modification Agreement ("Agreement"), made 07/06/11, between DOC C STALLING and IDA MAE STALLING . ("Borrower") residing at 2960 W 20TH PL GARY IN, 46404-2660 and CitMortgage, Inc ("Lender") having offices at 1000 Technology Dr, O'Fallon, MO 63368 and amends and supplements (1) the Mortgage, Deed of Trust, or Deed to Secure Debt (the "Security Instrument") dated 01/29/87 and recorded on 01/29/87, Document number 899585, Book number na, Page na in the Official Records of LAKE County, Indiana and (2) the Note bearing the same date as, and secured by the Security Instrument , which covers the real and personal property described in the Security Instrument and defined therein as the "Property", located at 2960 W 20TH PL, GARY IN, 46404, the real property described as being set forth as follows

(SEE ATTACHED LEGAL DESCRIPTION)

In consideration of the mutual promises and agreements exchanged , the parties hereto agree as follows (notwithstanding anything to the contrary contained in the Note or Security Instrument)

1 As of 07/06/11, the amount payable under the Note and Security Instrument (the "Unpaid Principal Balance") is U S \$ 44,754 01 The Borrower acknowledges that interest has accrued but has not been paid and the Lender has incurred, paid or otherwise advanced taxes, insurance premiums and other expenses necessary to protect or enforce its interest in the Note and the Security Instrument, and that such interest, costs and expenses in the total amount of \$ 1,425 29, have been added to the indebtedness under the terms of the Note and Security Instrument and the loan re-amortized over 360 months When payments resume on 08/01/11, the New Unpaid Principal Balance will be \$ 46,179 30

2 The Borrower promises to pay the New Unpaid Principal Balance, plus Interest, to the order of Lender Interest will be charged on the Unpaid Principal Balance at the yearly rate of 4.500% effective 07/01/11 (the "Interest Change Date"). The Borrower promises to make monthly payments of principal and interest of U S \$ 233 98 (which does not include and amounts required for Insurance and/or Taxes) beginning on 08/01/11 and continuing thereafter on the same date of each succeeding month until principal and interest are paid in full

If on 07/01/41 (the "Maturity Date"), the Borrower still owes amounts under the Note and Security Instrument, as amended by this Agreement, the Borrower will pay those amounts in full on the Maturity Date All other terms stated in the Note remain the same

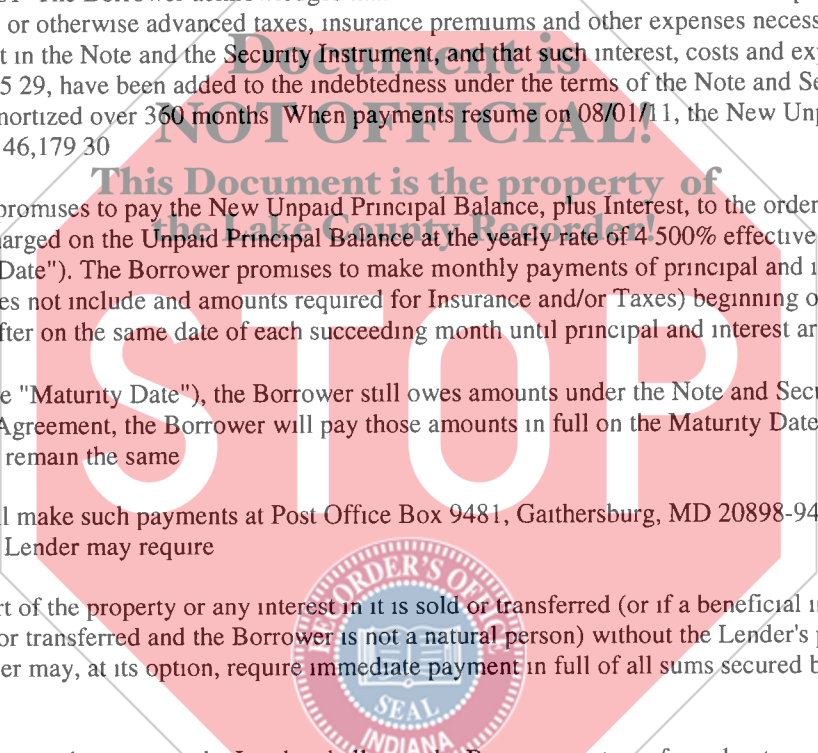
The Borrower will make such payments at Post Office Box 9481, Gaithersburg, MD 20898-9481, or at such other place as the Lender may require

3 If all or any part of the property or any interest in it is sold or transferred (or if a beneficial interest in the Borrower is sold or transferred and the Borrower is not a natural person) without the Lender's prior written consent, the Lender may, at its option, require immediate payment in full of all sums secured by the Security Instrument

If the Lender exercises this option , the Lender shall give the Borrower notice of acceleration The notice shall provide a period of not less than 30 days from the date the notice is delivered or mailed within which the Borrower must pay all sums secured by the Security Instrument If the Borrower fails to pay these sums prior to the expiration period, the Lender may invoke any remedies permitted by the Security Instrument without further notice or demand on the Borrower

Page 1

AMOUNT \$ 27
CASH _____ CHARGE _____
CHECK# 15151948
OVRAGE 200
COPY _____
NON-CONF
DEPUTY aw



4 The Borrower also will comply with all the other covenants, agreements, and requirements of the Security Instrument, including without limitation, the Borrower's covenants and agreements to make all the payments of taxes, insurance premiums, assessments, escrow items, impounds, and all other payments that the Borrower is obligated to make under Security Instrument, however, the following terms and provisions are forever canceled, null, and void, as of the date specified in paragraph No 1 above

(a) all terms and provisions of the Note and Security Instrument (if any) providing for, implementing, or relating to, any change or adjustment in the rate of interest payable under the Note, and,

(b) all terms and provisions of any adjustable rate rider or other instrument or document that is affixed to, or part of, the Note and Security Instrument and that contains any such terms and provisions as those referred to in (a) above

5 Nothing in this Agreement shall be understood or construed to be a satisfaction or release in whole or in part of the Note and Security Instrument Except as otherwise specifically provided in this Agreement, the Note and Security Instrument will remain unchanged, and the Borrower and Lender will be bound by and comply with, all of the terms and provisions thereof, as amended by this Agreement

6 It is mutually agreed that the Security Instrument shall constitute a first lien upon the premise and that neither the obligation evidencing the aforesaid indebtedness nor the Security Instrument shall in any way be prejudiced by this Agreement, but said obligation and Security Instrument and all the covenants and agreements thereof and the rights of the parties thereunder shall remain in full force and effect except as herein expressly modified

IN WITNESS WHEREOF, the parties have signed, sealed and delivered this agreement on the date above written

7-8-11
Date

Doc C Stalling
Borrower - DOC C STALLING

Date

Non-Borrowing Spouse - IDA MAE STALLING

Date

Borrower -

Date

Borrower -

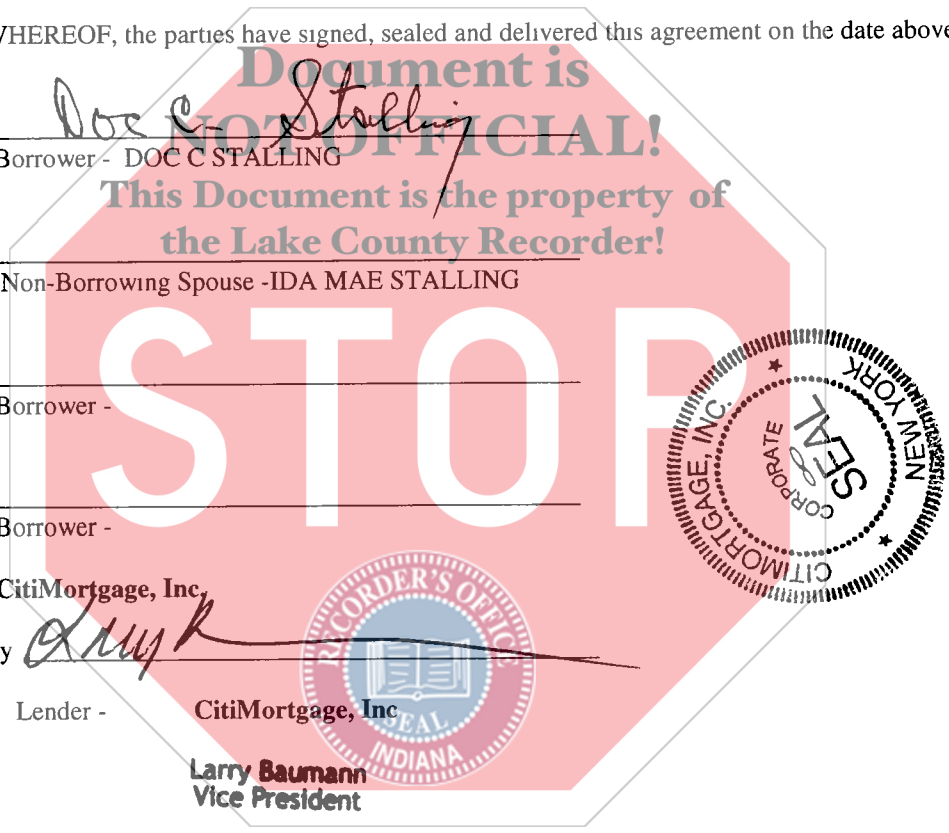
10/1/11
Date

CitiMortgage, Inc.
By [Signature]

Date

Lender - CitiMortgage, Inc

Larry Baumann
Vice President



-----[Space Below This Line for Acknowledgments]-----

State of Indiana)
County of LAKE)SS

On this 8th day of July, 2011, before me personally appeared Doc. C. Stalling, to me known or proved to be the person(s) described in and who executed the foregoing instrument, and acknowledged that HE/SHE/THEY executed the same as HIS/HER/THEIR free act and deed

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year first above written

Notary Public Carmelita Perry
My Commission Expires 6-30-2017



Document is NOT OFFICIAL!

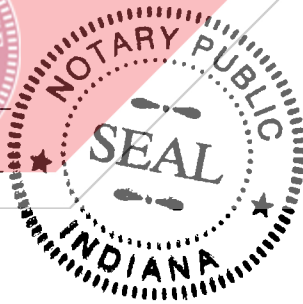
This Document is the property of the Lake County Recorder!

State of Indiana)
County of LAKE)SS

On this 8th day of July, 2011, before me personally appeared Doc. C. Stalling to me known or proved to be the person(s) described in and who executed the foregoing instrument, and acknowledged that HE/SHE/THEY executed the same as HIS/HER/THEIR free act and deed.


IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year first above written

Notary Public Carmelita Perry
My Commission Expires 6-30-2017



State of Missouri)
County of St Charles)

On 10/11/2011, before me appeared Larry Baumann, to me personally known, being by me duly sworn or affirmed, whose address is 1000 Technology Drive, O'Fallon, MO 63368-2240 did say that he is the Vice President Of Citimortgage, Inc., and that the seal fixed to the foregoing instrument is the corporate seal of said corporation, and that said instrument was signed and sealed in behalf of said corporation, by authority of its Board of Directors, and Larry Baumann acknowledged said instrument to be the free act and deed of said corporation, and that such individual made such appearance before the undersigned in the City of O'Fallon, State of Missouri


Notary Public

KRISTEN DUGGER
Notary Public - Notary Seal
STATE OF MISSOURI
St. Louis County
My Commission Expires Oct. 31, 2011
Commission # 07940137



* ATTENTION ESTATE: 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. 01 0203

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

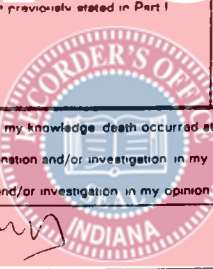
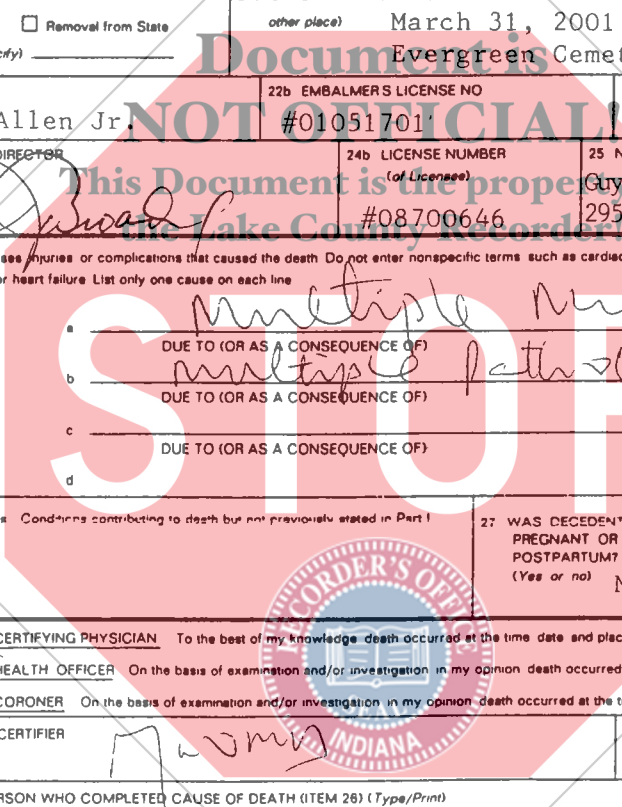
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

| | | | | | | | | | |
|---|--|--|--|---|--|---|--|----------------------------------|--|
| 1 DECEASED—NAME (First Middle Last) Ida Mae Stalling | | 2 SEX Female | | 3a TIME OF DEATH 9:00a M | | 3b DATE OF DEATH (Month Day Yr) March 26, 2001 | | | |
| 4 *SOCIAL SECURITY NUMBER 427-68-9505 | | 5a AGE—Last Birthday (Years) 65 | | 5b UNDER 1 YEAR Months Days | | 5c UNDER 1 DAY Hours Minutes | | | |
| 6 DATE OF BIRTH (Mo. Day Yr) December 28, 1935 | | 7 BIRTHPLACE (City and State or Foreign Country) Liberty, Mississippi | | | | | | | |
| 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 <input checked="" type="checkbox"/> Residence OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) | | | | | |
| 9b FACILITY NAME (If not institution, give street and number) 2960 West 20th Place | | | | 9c CITY TOWN OR LOCATION OF DEATH Gary | | 9d COUNTY OF DEATH Lake | | | |
| 10 MARITAL STATUS (Specify) Married | | 11 SURVIVING SPOUSE (If wife, give maiden name) Doc C. Stalling | | 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Bookkeeper | | 12b KIND OF BUSINESS/INDUSTRY Doc's Inc. | | | |
| 13a RESIDENCE—STATE Indiana | | 13b COUNTY Lake | | 13c CITY TOWN OR LOCATION Gary | | 13d STREET AND NUMBER 2960 West 20th Place | | | |
| 13e ZIP CODE 46404 | | 13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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) Black | | 17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0 12) College (1 4 or 5 +) 1 Year | | | | | | | |
| 18 FATHER'S NAME (First Middle Last) Jordan Cannon | | | | 19 MOTHER'S NAME (First Middle Maiden Surname) Ollie Jackson | | | | | |
| 20a INFORMANT'S NAME (Type/Print) Doc C. Stalling | | | | 20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) 2960 West 20th Place Gary, Indiana 46404 | | 20c Relationship Husband | | | |
| 21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <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) March 31, 2001 Evergreen Cemetery | | | 21c LOCATION—City or Town State Hobart, Indiana | | | | |
| 22a EMBALMER'S NAME Roosevelt Allen Jr. | | 22b EMBALMER'S LICENSE NO #01051701 | | 23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | | | |
| 24a SIGNATURE OF FUNERAL DIRECTOR <i>Valerie Broad</i> | | 24b LICENSE NUMBER (of Licensee) #08700646 | | 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Gay & Allen Funeral Directors, Inc 83007704 2959 West 11th Avenue Gary, Indiana 46404 | | | | | |
| 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Multiple Myeloma b. Multiple Pathologic Fracture c. d. Conditions if any which gave rise to the immediate cause stating the underlying cause last | | | | | | | Approximate Interval Between Onset and Death | | |
| 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) | | |
| 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>[Signature]</i> | | | | | | 29c MEDICAL LICENSE NO 50003766 | 29d DATE SIGNED (Month Day Year) 4/2/01 | | |
| 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) GEOFFREY ONYENIKUN MW 3875 SHERMAN ST GARY IN 46405 | | | | | | | | | |
| 31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i> | | | | | | 32 DATE FILED (Month Day Year) APR 04 2001 | | | |
| 33 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide | | 34a PLACE OF INJURY—At home farm street factory office building etc (Specify) | | 34b INJURY (Yes or no) | | | | 34c DESCRIBE HOW INJURY OCCURRED | |
| 34g DATE PRONOUNCED DEAD (Month Day Year) | | 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc | | | | | | | |



Legal Description

Lots 29, 30 and 31 in Block 2 in W.G. Wright's First Addition to Gary,
as per plat thereof, recorded in Plat Book 9 page 21, in the Office of
the Recorder of Lake County, Indiana.



Certificate of Preparation

Prepared by: Lee Kee Robinson Sr.
CitiMortgage, Inc.
1000 Technology Drive (M.S. 321)
O'Fallon, MO 63368-2240
1-866-272-4749

Acct # 682358718

This is to certify that this INSTRUMENT was prepared by CITIMORTGAGE Inc., one of the parties name in the instrument.



Preparer Signatures

Lee Kee Robinson Sr.

Document Control Officer

**Document is
NOT OFFICIAL!**

**This Document is the property of
the Lake County Recorder!**

STOP



Indiana Affirmation Statement

Account # 682358718

"I affirm, under the penalties for perjury, that I have taken reasonable care redact each Social Security number in this document, unless required by law.



Lee Kee Robinson Sr
(Printed name)

