

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 017455

2013 MAR -8 AM 9:04

MICHAEL B. BROWN
RECORDER

WHEN RECORDED

MAIL TO: 1st Source Bank
Attn: Commercial Loan Ops
P.O. Box 1602
South Bend, IN 46634-1602

Cross-Reference to Mortgage Recorded as Instrument No. 2011 060625

AFFIDAVIT TO EXTEND MORTGAGE

I, Jennifer Ramirez, after first being duly sworn upon my oath, state that I am a/the Assistant Vice President of 1st Source Bank ("Mortgagee"), and I have been authorized by Mortgagee to execute this Affidavit. Mortgagee is the holder of the mortgage dated October 3, 2011 executed by ANIL KOTHARI and SUNITA KOTHARI, Husband and Wife, which was recorded on November 1, 2011 as Instrument Number 2011 060625 in the Office of the Recorder of Lake County, Indiana (the "Mortgage"). The Mortgage does not state the current date by which the obligations secured by the Mortgage (the "Secured 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 August 15, 2013. This Affidavit is being executed in order to extend the expiration date of the Mortgage in accordance with I.C. 32-28-4-3. Further, Affiant sayeth not.

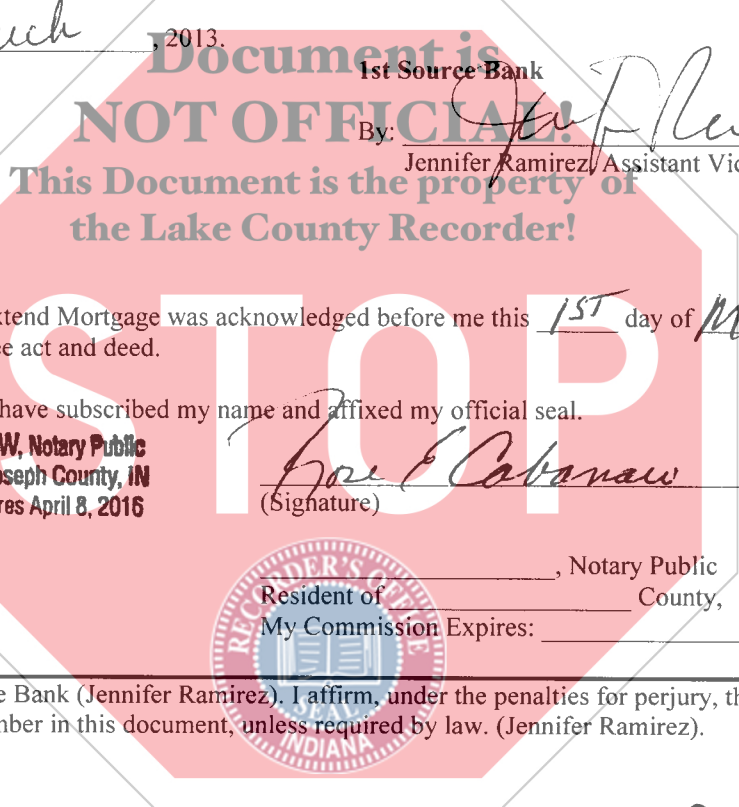
Dated this 1st day of March, 2013.

1st Source Bank

By:


Jennifer Ramirez
Jennifer Ramirez, Assistant Vice President

STATE OF INDIANA)
) SS:
COUNTY OF ST JOSEPH)



The foregoing Affidavit to Extend Mortgage was acknowledged before me this 1st day of March, 2013 by and on behalf of 1st Source Bank, as its free act and deed.

IN WITNESS WHEREOF, I have subscribed my name and affixed my official seal.

 **ROSE E. CABANAW, Notary Public**
A Resident of St. Joseph County, IN
My Commission Expires April 8, 2016
(NOTARY SEAL)

Rose E. Cabanaw
(Signature)

_____, Notary Public
Resident of _____ County,
My Commission Expires: _____

Key 361819 ctr 55052

This instrument prepared by 1st Source Bank (Jennifer Ramirez). I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. (Jennifer Ramirez).

1nd

E

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 635856
OVERAGE _____
COPY _____
NON-COM _____
CLERK CH