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2013 022152

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 MAR 26 AM 9:04

MICHAEL B. BROWN
RECORDER



DeMotte State Bank
1615 E Commercial Ave
P O Box 346
Lowell, IN 46356

HOME EQUITY LINE MODIFICATION AGREEMENT

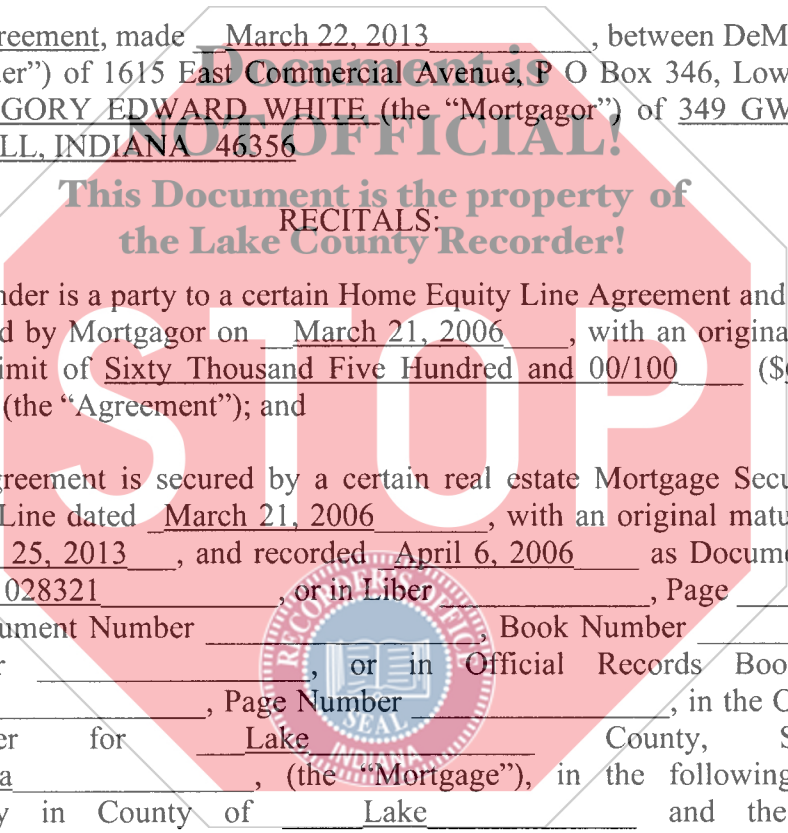
Loan Number: 803-909-3

Current Annual Percentage Rate 3.75 %

Line of Credit \$60,500.00

Annual Fee \$ 25.00

Modification Agreement, made March 22, 2013, between DeMotte State Bank (the "Lender") of 1615 East Commercial Avenue, P O Box 346, Lowell, Indiana 46356 and GREGORY EDWARD WHITE (the "Mortgagor") of 349 GWEN COVE COURT, LOWELL, INDIANA 46356



- A. The Lender is a party to a certain Home Equity Line Agreement and Disclosure, executed by Mortgagor on March 21, 2006, with an original maximum credit limit of Sixty Thousand Five Hundred and 00/100 (\$60,500.00) Dollars (the "Agreement"); and
- B. The Agreement is secured by a certain real estate Mortgage Securing Home Equity Line dated March 21, 2006, with an original maturity date of March 25, 2013, and recorded April 6, 2006 as Document Number 2006 028321, or in Liber _____, Page _____, or as Instrument Number _____, Book Number _____, Page Number _____, or in Official Records Book Number _____, Page Number _____, in the Office of the Recorder for Lake County, State of Indiana, (the "Mortgage"), in the following described property in County of Lake and the State of Indiana to wit:

LOT 8, IN GWEN'S COVE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 85 PAGE 26, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

- C. The Mortgagor and Lender wish to modify the Mortgage without the necessity of rewriting the Agreement and Mortgage.

Now, therefore, in consideration of the mutual agreement herein contained and other good and valuable consideration, the Mortgagor and Lender agree as follows:

1. Final Maturity Date: Mortgagor can obtain advances of credit for seven years (the "new draw period") from the date hereof.
2. The parties agree that the Agreement and Mortgage, including modification of the maturity date is in full force and effect with respect to each and every term and provision thereof and nothing herein contained shall in any manner affect the lien of the Mortgage on the Mortgaged Premises. Nothing contained herein shall in any way impair the Mortgage or the security now held for the

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indebtedness thereunder, or alter, waive, annul, vary or effect any provisions, term condition or covenant therein, except as herein provided, nor affect or impair any rights, powers, privileges, duties or remedies under the Agreement and the Mortgage, it being the intent of the parties that the terms and provisions thereof shall continue in full force and effect, except as specifically modified hereby.

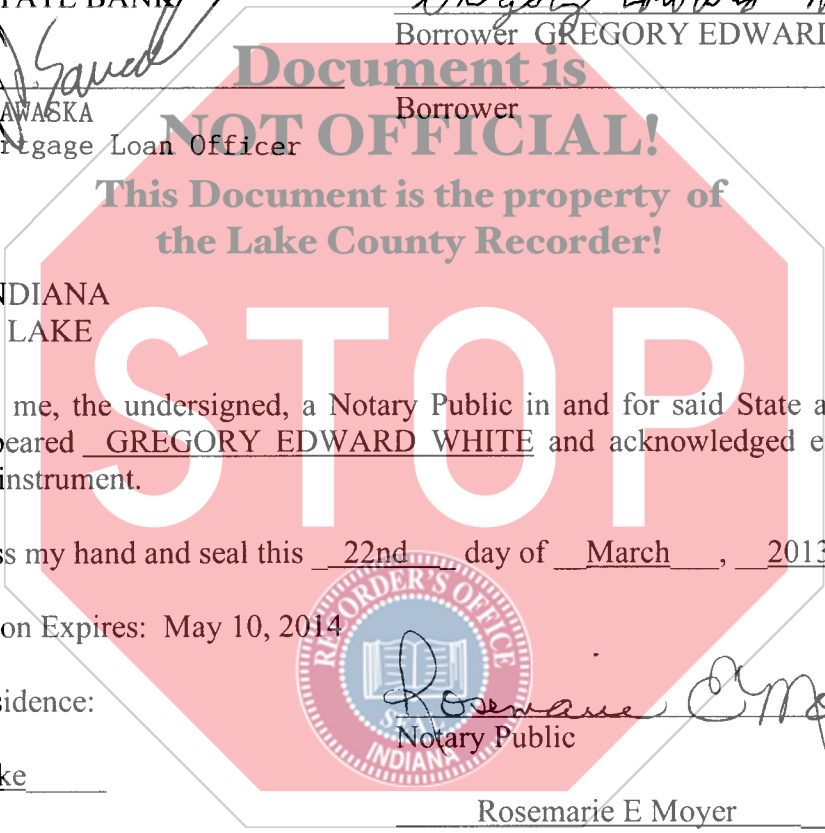
- 3. If Mortgagor consists of two or more persons, the liability of such persons hereunder shall be joint and several.
- 4. This Modification Agreement shall be binding upon the heirs, successors and assigns with respect to parties hereto. Whenever used, the singular shall include the plural, the plural, the singular, and the use of any gender shall be applicable to both genders.

BY SIGNING BELOW, Borrower accepts and agrees to the terms and covenants contained in the Home Equity Line Modification Agreement executed by Borrower and recorded with it.

DEMOTTE STATE BANK

By: *Jeff I Sawaska*
 JEFF I SAWASKA
 V P & Mortgage Loan Officer

Gregory Edward White
 Borrower GREGORY EDWARD WHITE
 Borrower



STATE OF INDIANA
COUNTY OF LAKE

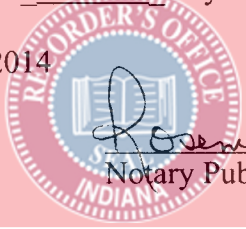
Before me, the undersigned, a Notary Public in and for said State and County, personally appeared GREGORY EDWARD WHITE and acknowledged execution of the foregoing instrument.

Witness my hand and seal this 22nd day of March, 2013.

My Commission Expires: May 10, 2014

County of Residence:

Lake



Rosemarie E Moyer
Notary Public

Rosemarie E Moyer

Printed Name

Prepared By: GUY A CARLSON, EXEC V P & LOWELL BANKING CENTER MANAGER

"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."

GUY A CARLSON, EXEC V P & LOWELL BANKING CENTER MANAGER



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001663

EDR No 00000262672

State No 023831

Form containing fields for decedent information (KATHLEEN EVELYN WHITE), birth details (05/13/1948), residence (MERRILLVILLE, IN), cause of death (ASYSTOLE), and certifying physician (ALBERT REYNOLDS).