

DEPOSITED IN
FARMERS STATE BANK

LaGrange, Indiana
Branches at
Stroh, Topeka & Wolcottville

DATE

5-24

19

77

DOLLARS

CENTS

CURRENCY

SILVER

CHECKS AS FOLLOWS

Dep.

ACCOUNT NUMBER

RE LOAN

13,595.47

TOTAL \$

13,595.47

DEPOSITED BY

Church of Christ LaGrange

047-570-3

**REAL ESTATE MORTGAGE - FIRST MORTGAGE
DISCLOSURE STATEMENT**

Date _____
Mortgagor(s) The Church of Christ of LaGrange

Loan No. _____

Address(es) _____

Lender Farmers State Bank, LaGrange, Indiana
***Mortgagee reserves the right to adjust payment
& int. rate each five yrs. during term of loan.**

**\$95,000.00 due on or before 20 yrs. after date
payable as follows.**

1. Loan Proceeds Available to Mortgagor(s) \$ 94955.00

Payment Schedule: **Interest begins to accrue**
Payable in 240 successive monthly installments, each of

2. Other Charges

\$ 839.52 commencing on _____ day of _____, 19____
and on the same date of each month thereafter until paid in full, ~~with final~~

- Credit Life Insurance \$ _____
- Health and Accident Insurance \$ _____
- Fire and Extended Coverage \$ _____
- Abstracting Fees \$ _____
- Mortgagee's Title Insurance \$ _____
- Title Examination and Document Preparation Fees \$ 45.00
- Mortgage Loan Survey \$ _____
- Appraisal Fee \$ _____
- Credit Report \$ _____
- Amortization Schedule \$ _____
- Recording Fee \$ _____
- Inspection Processing Fee \$ _____
- Other \$ _____
- Other \$ _____
- Total Other Charges \$ 45.00

~~installment of \$ _____ due and payable~~

On each installment in default more than 15 days there will be assessed a late charge of 5c for each \$1.00 so overdue and so long as there is an uncured event of default interest shall be payable at the rate of 10% per annum.

3. Amount Financed \$ 95,000.00

In the event of prepayment, Mortgagor(s) shall pay a surrender charge of _____ per cent of such balance prepaid.

- 4. Prepaid FINANCE CHARGE \$ _____
- Service Charge \$ _____
- FHA Insurance \$ _____
- Other \$ _____
- Other \$ _____
- Other \$ _____
- Other \$ _____
- Total Prepaid FINANCE CHARGES \$ -0-

Collateral: This loan is secured by a mortgage on real estate described in the real estate mortgage executed and delivered by Mortgagor(s) of even date herewith. ~~(A copy of said mortgage is delivered to the Mortgagor(s) herewith).~~

The following constitute prepaid expenses:
Taxes Due _____, 19____

5. ANNUAL PERCENTAGE RATE 8 3/4%

Prepaid Tax Escrow For _____ Months

Prepaid Hazard Insurance For _____ Months

Prepaid FHA Mutual Insurance For _____ Months

Prepaid Group Insurance For _____ Months

Total Int. \$ 106,484.80

Total Pmts. 95,000.00

The undersigned Mortgagor(s) acknowledge(s) receipt of a copy of this Disclosure Statement.

(A) Notice Total Prin. \$ 201,484.80 See above

[Signature] Trustee
Signature of Mortgagor

[Signature] Trustee
Signature of Mortgagor

[Signature] Trustee

Property damage insurance on the collateral is required as a condition to this loan BUT you may choose the person through whom the insurance is to be obtained. The cost of such insurance, if obtained through the Seller, will be: \$ _____ Name of Agent _____

(B) Notice Credit Life, accident and health insurance are not required by the Bank as a condition to the loan. If you desire such insurance the cost is Disclosed above. See 2.

Credit Life Health & Accident I desire Credit Life, Health & Accident Insurance.

I do not desire _____ Insurance.

DECLARATION OF AGE AND GOOD HEALTH

To induce the Insurer to effect the insurance requested, Debtor hereby declares that (1) I will not reach age 66 prior to the scheduled maturity date of the obligation; (2) I have not consulted or been under the care of a doctor or other practitioner within the past 6 months for cancer; (3) I have not been confined in a hospital or other institution within the past 3 months because of any condition of the heart, brain, liver, kidneys or lungs; and I authorize any physician or hospital to disclose to Insurer all information concerning my medical history prior to the date hereof.

By my separately dated signature below I hereby request the Credit Life and/or Credit Disability Insurance the cost of which is disclosed above (either, neither or both being optional with me) and in so doing I also sign and acknowledge the Notice of Proposed Credit Life and/or Disability Insurance, and the declaration of age and good health set forth therein all as disclosed above.

Birth Date _____ 19____

Dated _____, 19____
(DEBTOR FILL IN)

Signature of Debtor (Buyer)

Signature of Debtor (Buyer)

FARMERS STATE BANK

LA GRANGE, INDIANA

Date 5-24-77

CLOSING STATEMENT ON REAL ESTATE MORTGAGE

FOR La Grange Church of Christ

Mortgage signed in the amount of \$ 95,000.00

LOAN EXPENSE:

Attorney's Opinion \$ 25.00

Prep of Documents 20.00

Abstract Fee _____

Record Deed _____

Processing Fee _____

Appraisal Fee _____

Mortgage Policy _____

Life Insurance _____

Pre-paid Interest
BE loan # 00556
out to date 89,874.83
484.70

Total Expense and Deductions \$ 81,404.53

Balance after Expense and Deductions 13,595.47 *Dep in*

Signature of mortgagor _____

Signature of mortgagor _____

Acct # 047-570-3
5-24-77

839 ⁰⁰
230 ⁰⁰

609 mo.

150 ⁰⁰