

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

Date \_\_\_\_\_  
Mortgagor(s) Church of Christ of LaGrange

Loan No. \_\_\_\_\_

Lender Farmers State Bank, LaGrange, Indiana

Address(es) \_\_\_\_\_  
LaGrange, Indiana

**\$23,000.00 due on or before five Years after date payable as follows:**

1. Loan Proceeds Available to Mortgagor(s) \$ 22,822.00

2. Other Charges

Payment Schedule:  
**\$230.00 or more per mo. int. first deducted from**  
~~Each month the same amount shall be paid until the loan is paid in full.~~  
**each pmt., balance applied to prin. Any balance remaining due at expiration date to be paid in full.**

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 **8%** per annum.

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

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\_\_\_\_

Prepaid Tax Escrow For \_\_\_\_\_ Months

Prepaid Hazard Insurance For \_\_\_\_\_ Months

Prepaid FHA Mutual Insurance For \_\_\_\_\_ Months

Prepaid Group Insurance For \_\_\_\_\_ Months

Other \_\_\_\_\_

Other \_\_\_\_\_

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

x Don Hoggatt  
Signature of Mortgagor

x Carl Piratt  
Signature of Mortgagor

Devoa T. Hostetter

3. Amount Financed \$ 23,000.00

4. Prepaid FINANCE CHARGE \$ \_\_\_\_\_

Service Charge \$ \_\_\_\_\_

FHA Insurance \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total Prepaid FINANCE CHARGES \$ -0- \$ -0-

5. ANNUAL PERCENTAGE RATE 8 %

(A) Notice  
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)