STATE OF KANSAS COUNTY OF Douglas BE IT REMEMBERED, that on this 13thday of December , A. D. 19 63, before me, the undersigned, a Notary Public in and for the County and State aforesaid, came ... Kno. S. Marian Wilson, a stidow who has personally NOTARSTIMONY WHEREOF, I have hereunto set my hand and Notarial Seal the day and year last above written. PUBLIC(SEAL) Lois L. Ames Notary Public Mr. pommission expires: August 6, 1967 Recorded December 16, 1963 at 3:10 P.M. - I trade a rick herister of been

|                                                                                              | MONT                                                                                                                                                                                                                                                | GAGEE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | REAL ESTA              | TE MORTGACE                             | and the second second second          | Fee Paid \$3.75                                                                                                 |  |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------|--|
|                                                                                              | its HO                                                                                                                                                                                                                                              | USEHOLD FIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ANCE                   | DRTGAGORS NAMES AND AD                  |                                       | LOAN NO.                                                                                                        |  |
|                                                                                              | G Cay                                                                                                                                                                                                                                               | constion of Lawrence Ha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nini, Inc.             | Donald L. Cr                            | oss and                               | 056                                                                                                             |  |
|                                                                                              | UCEN .                                                                                                                                                                                                                                              | Second Floor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | AN ACT                 | Gene D. Cros<br>1805 Brook              | s, his wife                           | .90333                                                                                                          |  |
|                                                                                              | 8311/ Massar                                                                                                                                                                                                                                        | LAWRENCE, KANSAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | lking 3-7545           | Lawrence, Do                            | uglas County,                         | BOOK 136                                                                                                        |  |
|                                                                                              |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | Kansas                                  | -gras country,                        |                                                                                                                 |  |
|                                                                                              | DATE OF NOTE AND THE<br>MORTGAGE:                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | AT THE MELTINE THE PART OF              | JE DATE GROUP CREDITOR                | INSURANCE CHARGES                                                                                               |  |
|                                                                                              | AMOUNT OF LOAN                                                                                                                                                                                                                                      | 1963 Januaryl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FACE AMOUNT OF NOTE    |                                         |                                       | \$ 46.36                                                                                                        |  |
|                                                                                              | s 1190.74                                                                                                                                                                                                                                           | \$ 339.26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$ 1530.00             | 20                                      | MO. INSTALLMENTS                      | FINAL INSTALLMENT                                                                                               |  |
|                                                                                              | The Mortgag                                                                                                                                                                                                                                         | tors above manual of th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | has worth other in the | MU INSTAL                               |                                       | AND CHARGES                                                                                                     |  |
|                                                                                              |                                                                                                                                                                                                                                                     | The Mortgagors above named of the said city and state, to secure the payment of the indebtedness evidenced their promissory note above described payable to the order of the corporation named in print above, hereby                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                                         |                                       |                                                                                                                 |  |
|                                                                                              | mortgage to said                                                                                                                                                                                                                                    | corporation, Mortgage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | e, the following       | ract of land in I                       | later T                               |                                                                                                                 |  |
| ~ ~                                                                                          |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                         |                                       | County, Kansas:                                                                                                 |  |
|                                                                                              |                                                                                                                                                                                                                                                     | ocated at, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | , TOP INO I            | 2), Block On                            | e (1), in Edg                         | ewood Park,                                                                                                     |  |
|                                                                                              | an addition to the City of Lawrence, in Douglas County, Kansas.                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                         |                                       |                                                                                                                 |  |
|                                                                                              |                                                                                                                                                                                                                                                     | a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                                         |                                       |                                                                                                                 |  |
|                                                                                              |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | · · · · · ·                             | · · · · · · · · · · · · · · · · · · · |                                                                                                                 |  |
|                                                                                              |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                      |                                         |                                       |                                                                                                                 |  |
| Witness the hands and seals of the said Mortgagors the day of the date hereof above written. |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                         |                                       |                                                                                                                 |  |
| 28                                                                                           |                                                                                                                                                                                                                                                     | State of the state | said Mortgagor         | s the day of the dat                    | e hereof aboye writte                 | n.                                                                                                              |  |
|                                                                                              | In the presence of                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 1 1                  | + (con                                  | ald I Ca                              | MS                                                                                                              |  |
|                                                                                              | 140                                                                                                                                                                                                                                                 | J ill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        | Type Name: Dona                         | ld L. Cross                           | (Seal)<br>Mortgagor                                                                                             |  |
|                                                                                              | Type Name: J. F.                                                                                                                                                                                                                                    | mitte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        | Since                                   | a.C.                                  |                                                                                                                 |  |
|                                                                                              |                                                                                                                                                                                                                                                     | Tuttle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        | Type Name: Gene                         | D. Cross                              | Kortgagor                                                                                                       |  |
| A.                                                                                           | STATE OF KANS                                                                                                                                                                                                                                       | 방송 영상 이 고유의 것은 신간을 내                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | · · · · .]             | • 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19 |                                       |                                                                                                                 |  |
|                                                                                              | COUNTY OF                                                                                                                                                                                                                                           | Douglas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ······                 | SS.                                     |                                       |                                                                                                                 |  |
|                                                                                              | In a Dame Bar                                                                                                                                                                                                                                       | RISTLA MAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                         |                                       | 0                                                                                                               |  |
|                                                                                              | Personally come before methins 14th day of December 1963 the above named<br>Donald L. Cross and Gene D. Cross his wile, to me known<br>to be the persons who accured the foregoing instrument, and severally acknowledged the execution of the same |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                         |                                       |                                                                                                                 |  |
| · ····Exe                                                                                    |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                         |                                       |                                                                                                                 |  |
|                                                                                              |                                                                                                                                                                                                                                                     | .p.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ang instrument,        | and severally ackno                     | wledged the executio                  | m of the same.                                                                                                  |  |
|                                                                                              | 121 PU                                                                                                                                                                                                                                              | B110 :3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        | HUN                                     | Inla                                  | VAM.                                                                                                            |  |
|                                                                                              | 4.5                                                                                                                                                                                                                                                 | and the second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        | Type Name: J. P.                        | Christianson                          | Notary Public                                                                                                   |  |
|                                                                                              | (Seal)                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | My commission an                        | nime Deservice                        | ~ ~                                                                                                             |  |
|                                                                                              | (ocal) all sol                                                                                                                                                                                                                                      | annument o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        | e commission ex                         | pires December                        | 5 19 64 *                                                                                                       |  |
| 1.                                                                                           | FORM H.C. MTG. KANSAS-REV.                                                                                                                                                                                                                          | 12.40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | D'                     |                                         |                                       |                                                                                                                 |  |
|                                                                                              | 4                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and the state of       | in p                                    |                                       |                                                                                                                 |  |
| corded                                                                                       | December 16                                                                                                                                                                                                                                         | 1062 + 10.20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                                         | 12                                    | and a state of the second s |  |

Mecolued December 10, 1963 at 10:30 A.M.

Farold G. Jeek Revister of Deeds

and - which his and the

22