

WARNING: Any person who knowingly makes a false statement or misrepresentation in a HEAL loan transaction, bribes or attempts to bribe a Federal official, fraudulently obtains a HEAL loan, or commits any other illegal act in connection with a HEAL loan is subject to possible fine and imprisonment under Federal statute.

Last Name (Print or type) Nellermoe		First Name Mark	Middle Initial D.	Social Security Account Number (SSN) [REDACTED]
Other Name(s) Used				
PERMANENT (HOME) ADDRESS [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code/Telephone Number [REDACTED]
TEMPORARY SCHOOL ADDRESS [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code/Telephone Number [REDACTED]

PROMISE TO PAY

I, Mark D. Nellermoe the borrower, promise to pay to Valley National Bank Name, City, and State of Lender
Sixth and Walnut, Des Moines, Iowa the lender

or the subsequent holder of this Note, the principal sum of \$10,000.00 the extent it is advanced to me, to pay interest on the principal sum as set out below, and to pay authorized late charges, all reasonable attorney's fees, and other costs and charges that are permitted by Federal regulations and are necessary for the collection of any amount not paid when due.

The Lender and I further understand and agree that:

NOTIFICATION

I must immediately notify the lender (in this Note, the term "lender" includes a subsequent holder of the Note) in writing if any of the following occurs to me before the loan is repaid in full: 1) change of address, 2) name change (e.g., maiden name to married name), 3) failure to enroll in a HEAL school for the period for which the loan is intended, 4) transfer to another school, 5) withdrawal from school or attendance on a less than full-time basis, 6) graduation, 7) failure to begin any activity eligible for deferment status, or 8) cessation of participation in an activity eligible for deferment status.

INTEREST

1. Beginning on the day the loan is disbursed, interest shall accrue. Payment of the interest accruing before the beginning of the repayment period may be postponed until the date upon which repayment of principal is required to begin or to resume. Interest which has accrued and is not paid may be added to the principal sum of this Note not more frequently than every six months. Beginning when the repayment period commences, interest shall accrue and be paid as set forth in the Repayment Schedule which the lender shall establish and provide to me.

2. Interest shall accrue and be payable at a yearly rate of interest which is equal to a variable rate calculated by the Secretary of the Department of Health and Human Services for each calendar quarter and computed by determining the average of the bond equivalent rates for the ninety-one day U.S. Treasury Bills auctioned during the preceding quarter, plus three percent, rounding this figure up to the nearest one-eighth of one percent.

3. Any change in the yearly rate of interest will affect the payment amounts, the number of payments, or the amount due at maturity.

INSURANCE PREMIUM

I agree to pay the lender, in addition to interest and principal due, an amount equal to the premium that the lender is required to pay to the Secretary in order to provide insurance coverage on this Note. Payment of an insurance premium calculated in accordance with instructions issued by the Secretary shall be due and payable immediately and may be taken by the lender from the loan proceeds.

PREPAYMENT

I may, at my option and without penalty, prepay all or any part of the principal and accrued interest at any time. If I pay off early, I will not have to pay a penalty. If I pay off early, I will not be entitled to a refund of part of the insurance premium.

REPAYMENT

1. Repayment shall be made in monthly installments over a repayment period which starts the first day of the tenth month after the month in which

- (A) I cease to be a full-time student at a HEAL school,
- (B)(1) I cease to be a participant in an accredited internship or residency program of not more than four years in duration,¹ or
- (2) I complete the fourth year of an accredited internship or residency program of more than four years in duration¹ or
- (C) I cease to be a participant in a fellowship training program not in excess of two years or a participant in a full-time educational activity not in excess of two years which (1) is directly related, as defined in program regulations, to the health profession for which I prepared at a HEAL school, and (2) in which I may engage during a two-year period which begins within twelve months after I complete my participation in an internship or residency program described in clause (B)(1) or clause (B)(2) of this paragraph or before I complete my participation in such an internship or residency program.

2. The repayment period shall not be less than ten years nor more than twenty-five years. Any period described under DEFERMENT shall not be included in determining the ten or twenty-five year periods. If I receive my first HEAL loan on or after October 22, 1985, the repayment period shall not extend to a date that is more than thirty-three years from the date on which I signed this Promissory Note. If I received any HEAL loan prior to October 22, 1985 however, any period described under DEFERMENT shall not be included in determining the thirty-three year period.

¹ Except that, if I received a HEAL loan before October 22, 1985, and I become an intern or a resident in an accredited program before the first day of the tenth month after I cease to be a full-time student at a HEAL school, then the repayment period begins on the first day of the tenth month after I cease to be an intern or a resident.

3. At least thirty and not more than sixty days before the commencement of my repayment period, I must contact the holder of my loan to establish the precise terms of repayment. My repayment schedule will require monthly payments. However, I may select a monthly repayment schedule with substantially equal installments or a monthly repayment schedule with graduated installments that increase in amount over the repayment period if I contact the holder of my loan within the period described. If I do not contact the holder and do not respond to contacts from the holder, the holder may establish a monthly repayment schedule with substantially equal installment payments, subject to the terms of this Note.

4. The terms and conditions of repayment shall be set forth in a separate Repayment Schedule which the lender shall establish and shall provide me prior to the beginning of the repayment period.

5. Unless I agree otherwise, I shall make a minimum annual repayment of an amount equal to the annual interest on the unpaid principal balance. Except as provided above, if I have other outstanding HEAL loans, the sum of all payments to all holders on my HEAL loans shall not be less than an amount equal to the consolidated interest on the unpaid principal balances.

6. I understand that this loan must be repaid in accordance with my Repayment Schedule. If my account becomes overdue by more than sixty days, the lender must notify an appropriate consumer credit reporting agency of this, which may significantly and adversely affect my credit rating. The lender must also use collection agents and utilize other collection activities (which may include litigation) if my account becomes overdue.

CREDIT REPORTING AGENCY

My educational institution or my lender may disclose my loan, and any other relevant information, to appropriate consumer credit reporting agencies. If I am more than sixty days past due in making a scheduled payment, the lender of my loan will notify an appropriate consumer credit reporting agency of my past due status, and any other relevant information.

LATE CHARGE

If a scheduled payment is late, I will be charged five cents for each dollar of the installment payment due.

DEFERMENT

- 1. Monthly installments of principal and interest need not be paid, but interest shall accrue:
 - (A) When I am carrying a full-time course of study at a HEAL school or at an institution of higher education eligible to participate in the Guaranteed Student Loan Program.
 - (B) When I am participating in a fellowship training program or full-time educational activity for not in excess of two years as described in paragraph 1 under REPAYMENT above.
 - (C) Not in excess of three years for each of the following when I am:
 - (1) a member of the Armed Forces of the United States;
 - (2) in service as a volunteer under the Peace Corps Act;
 - (3) in service as a full-time volunteer under Title I of the Domestic Volunteer Service Act of 1973, and
 - (4) a member of the National Health Service Corps.
 - (D) Not in excess of four years when I am a participant in an accredited internship or residency program. Except that if I received my first HEAL loan on or after October 22, 1985, this limitation of four years also includes any period of deferral of the onset of the repayment period for participation in an internship or residency program.
- 2. To receive a deferment, including a deferral of the onset of the repayment period (see REPAYMENT), I must, prior to the onset of the activity and annually thereafter, submit to the lender evidence of my status in the deferment activity and evidence that verifies deferment eligibility of the activity. It is my responsibility to provide the lender with all required information or other information regarding the requested deferment.

DEATH/DISABILITY

If I die or become totally and permanently disabled, my unpaid indebtedness on this Note shall be cancelled in accordance with applicable Federal statute and regulations.

FORBEARANCE

I have the right to be granted forbearance whenever I am temporarily unable to make scheduled payments on my HEAL loan and I continue to repay the loan in an amount commensurate with my ability to repay the loan unless the Secretary determines that my default is inevitable and the forbearance can be effective in preventing default and lender

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to the Internal Revenue Service for purpose of locating me or for income tax refund offset, and referral to the Department of Justice for litigation. I may be the subject of court action to force me to pay. The Secretary may also cause to be reduced Federal reimbursements or payments for health services under any law to borrowers who are practicing their professions and have defaulted on their loans, and may make other administrative offsets, including salary offsets for Federal employees. The Government may also report any written off debt to the Internal Revenue Service as taxable income, and may undertake any other debt collection procedures in accordance with the Claims Collection Regulations (45 CFR Part 30).

All gov't. benefits here by HEAL. The terms of this HEAL regulation for HEAL Program, copies of which are on file with the holder of this Note. construed according to the Law (42 U.S.C. 294-294f) and Part 60) governing the administration of the Health Education Assistance Loan (HEAL) Program.

1. In the event of my default on this loan, the entire unpaid loan including interest due and accrued shall, at the option of the holder of this Note, become immediately due and payable.
2. If I fail to make a scheduled payment, or fail to comply with any other term of this Note, the lender may: (a) refer my loan to a collection agent for further collection efforts; (b) initiate legal proceedings against me; (c) refer my loan to the Secretary for collection

I agree that all proceeds from this loan will be used solely for tuition and other reasonable education expenses, including fees, books, supplies and equipment, and laboratory expenses, reasonable living expenses, reasonable transportation costs (only to the extent they are directly related to my education), and the HEAL insurance premium. I further agree that the check(s) for the proceeds of this loan shall be made payable jointly to me and the eligible institution in which I am enrolled.
By my signature below I CERTIFY that I have read and understand my rights and responsibilities regarding the HEAL loan under this Promissory Note.

SIGNATURE OF BORROWER <i>Mark D. Kelleman</i>	ADDRESS [REDACTED]	DATE 4 Aug 87
SIGNATURE OF ENDORSER (if any)	ADDRESS	DATE

NOTICE: This Note shall be executed without security and without endorsement, except that, if the borrower is a minor and this Note would not, under applicable State law, create a binding obligation, the lender may require an endorser also to sign this Note. The lender shall supply a copy of this Note to the borrower.

BORROWER'S RIGHTS

1. The lender (holder) cannot change the terms of my HEAL loan without my consent.
2. The lender must provide me with a copy of the completed promissory note when the loan is made. The lender (holder) must return the note to me when the loan is paid in full.
3. The loan check or draft must be made payable jointly to me and the school. The check or draft must require my endorsement.
4. The lender (holder) will provide me with a repayment schedule before the repayment period begins.
5. If the loan is sold from one lender to another lender, or if the loan is serviced by a party other than the lender, the holder must notify me within 30 days of the transaction and I must be sent a notification which spells out my obligations to the new holder.
6. I have a right to a 9-month "grace period" before repayment begins after I have completed school attendance, internship and residency in an accredited program, or a fellowship training program or full-time educational activity approved by the Secretary for this purpose.
7. I have a right to deferment of principal and interest repayments if certain conditions exist. Under deferment, I am not required to make payments on the loan principal or interest for a period of time. However, interest continues to accrue during any deferment period. To receive a deferment, including a deferral of the onset of the repayment period (See Section 60.11(a) of the HEAL regulations.), I must, prior to the onset of the activity and annually thereafter, submit to the holder of the note evidence of my status in the deferment activity and evidence that verifies deferment eligibility of the activity. It is my responsibility to provide the holder with all required information or other information regarding the requested deferment.
8. I have a right to prepay the whole or any portion of the loan at any time without a penalty.
9. I may select a monthly repayment schedule with substantially equal installments or a monthly repayment schedule with graduated installments that increase in amount over the repayment period if I contact the holder of my loan at least 30 and not more than 60 days before the commencement of my repayment period to establish the precise terms of repayment.
10. My loan obligation will be cancelled in the event of my death or permanent and total disability in accordance with applicable Federal statutes and regulations.
11. "Forbearance" means an extension of time for making loan payments or the acceptance of smaller payments than were previously scheduled to prevent me from defaulting on my payment obligations. I have the right to be granted forbearance whenever I am temporarily unable to make scheduled payments on my HEAL loan and I continue to repay the loan in an amount commensurate with my ability to repay the loan unless the Secretary determines that my default is inevitable and the forbearance will be ineffective in preventing default. A lender (holder) must exercise forbearance in accordance with terms that are consistent with the 25- and 33-year limitations on the length of repayment if the lender (holder) and the borrower agree in writing to the new terms. Each forbearance period may not exceed 6 months and the total period of forbearance (with or without interruption) granted to me must not exceed 2 years unless an extension is granted by the Secretary.
12. The lender (holder) must notify me in writing of the balance owed for principal, interest, insurance premiums, and any other charges or fees owed to the lender (holder), at least every 6 months from the time my loan was disbursed to me.

BORROWER'S RESPONSIBILITIES

1. I understand that there is no interest subsidy on a HEAL loan and that I must pay all interest on the loan. If I do not make payments on time or if I default, the total amount to be repaid will be increased by late charges and may be increased by additional interest costs, attorney's fees, court costs and other collection costs.
2. I agree to pay an insurance premium if charged by the lender, not to exceed the amount the lender is required to pay to the Secretary to provide insurance coverage on a HEAL loan. I understand that I will not be entitled to any refund of this premium.
3. I must immediately notify the lender (holder) in writing if any of the following occurs to me before the loan is repaid in full: a. change of address, b. name change (e.g., maiden name to married name), c. failure to enroll in a HEAL school for the period for which the loan is intended, d. transfer to another school, e. withdrawal from school or attendance on a less than full-time basis, f. graduation, g. failure to begin any activity eligible for deferment status, or h. cessation of participation in an activity eligible for deferment status.
4. I must notify the lender (holder) of any occurrence which may affect my eligibility to receive or to continue to receive a deferment of principal and interest payments.
5. To receive a deferment, including a deferral of the onset of the repayment period (See Section 60.11(a) of the HEAL regulations.), I must, prior to the onset of the activity and annually thereafter, submit to the holder of the note evidence of my status in the deferment activity and evidence that verifies deferment eligibility of the activity. It is my responsibility to provide the holder with all required information or other information regarding the requested deferment.
6. I understand that this loan must be repaid in accordance with my repayment schedule. If my account becomes overdue by more than 60 days, the lender (holder) must notify an appropriate consumer credit reporting agency of this, which may significantly and adversely affect my credit rating. The lender (holder) must also use collection agents and utilize other collection activities (which may include litigation) if my account becomes overdue.
7. If I do not make payments when due, my loan may be declared in default. If I default, the Federal Government will take over my loan and I will then owe the Government. The Federal Government will actively pursue me for repayment of the debt, including the use of collection agents and reporting my default to consumer credit reporting agencies or to the Internal Revenue Service for purpose of locating me or for income tax refund offset, and referral to the Department of Justice for litigation. I may be the subject of court action to force me to pay. The Secretary may also cause to be reduced Federal reimbursements or payments for health services under any Federal law to borrowers who are practicing their professions and have defaulted on their loans, and may make other administrative offsets, including salary offsets for Federal employees. The Government may also report any written off debt to the Internal Revenue Service as taxable income, and may undertake any other debt collection procedures in accordance with the Claims Collection Regulations (45 CFR Part 30).
8. I do not have the right to have my loan discharged in bankruptcy during the first 5 years of the repayment period. This prohibition against the discharge of a HEAL loan applies to bankruptcy under any chapter of the Bankruptcy Act, including Chapter 13. I may have a HEAL loan discharged in bankruptcy after the first 5 years of the repayment period only upon a finding by the Bankruptcy Court that the non-discharge of such debt would be unconscionable and upon the condition that the Secretary shall not have waived his or her rights to reduce any Federal reimbursements or Federal payments for health services under any Federal law in amounts up to the balance of the loan.

REMOVE FORMS FROM PACKAGE BEFORE COMPLETING.

STUDENT APPLICATION FOR A HEALTH EDUCATION ASSISTANCE LOAN

WARNING: Any person who knowingly makes a false statement or misrepresentation in a HEAL transaction, bribes or attempts to bribe a Federal official, fraudulently obtains a HEAL loan or commits any other illegal action in connection with a HEAL loan is subject to a fine or imprisonment under Federal statute.

FOR PHS USE ONLY

SECTION I—TO BE COMPLETED BY APPLICANT (IMPORTANT: READ INSTRUCTIONS BEFORE COMPLETING)

1.A. NAME
Last: WELLERMOE First: MARK M.I. D

1.B. OTHER NAME USED
Last: _____ First: _____ M.I. _____

2. SOCIAL SECURITY ACCOUNT NUMBER (SSN) _____

3.A. PERMANENT (HOME) ADDRESS
Number, street, and apartment number: _____
City: _____ State: _____ Zip code: _____

3.B. TELEPHONE
Area code: _____ Number: _____

4.A. TEMPORARY (SCHOOL) ADDRESS
Number, street, and apartment number: _____
City: _____ State: _____ Zip code: _____

4.B. TELEPHONE
Area code: _____ Number: _____

5. PLACE OF BIRTH
City: _____ State: _____
Country: UNITED STATES

6. DATE OF BIRTH
Month: _____ Day: 5 Year: 91

7. U.S. CITIZENSHIP STATUS (See instructions)
W.H. (a) U.S. Citizen Yes No (b) U.S. National Yes No (c) U.S. Permanent Resident Yes No
(d) Other Yes No (If "Yes", Name of Country) _____

8. U.S. PERMANENT RESIDENT
If you are a permanent resident, you must attach a copy of your I-151 or I-551 ("green card") and enter your registration number A

9. MAJOR COURSE OF STUDY POD

10. LOAN AMOUNT REQUESTED \$ 11,500.00

11. IS THIS THE FIRST HEAL LOAN YOU HAVE RECEIVED? 0 0 3 7 1 4 0 7 Yes No

RECEIVED

JUL 1 1991

NAME NELLERMOE MARK M.I.
Last First

SOCIAL SECURITY ACCOUNT NUMBER [REDACTED]

12. NAME OF PARENTS (OR GUARDIANS) OR IF DECEASED, NEAREST LIVING RELATIVE OTHER THAN SPOUSE OR SPOUSE'S PARENTS

NAME AND RELATIONSHIP TO YOU	ADDRESS (include number, street, city, State, and ZIP code)	TELEPHONE NUMBER (include area code)
Dale Matus Nellemoe	[REDACTED]	[REDACTED]

13. NAME OF SPOUSE AND TWO LIVING ADULT RELATIVES OTHER THAN PERSONS LISTED ABOVE.

NAME AND RELATIONSHIP TO YOU	ADDRESS (include number, street, city, State, and ZIP code)	TELEPHONE NUMBER (include area code)
Teran L Nellemoe (WIFE) Onie Neubarth (Aunt) Debbie Nellemoe (Sister)	[REDACTED] 50312	[REDACTED]

14. LIST ALL INDEBTEDNESS OF \$100 OR MORE

a. HEAL LOAN(S) <input checked="" type="checkbox"/>			DATE OF LOAN	ORIGINAL AMOUNT	UNPAID BALANCE
NAME OF LENDER	CITY	STATE		\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

b. OTHER EDUCATIONAL LOANS <input checked="" type="checkbox"/>			DATE OF LOAN	ORIGINAL AMOUNT	UNPAID BALANCE
NAME OF LENDER	CITY	STATE		\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

c. OTHER CONSUMER OR PERSONAL DEBTS AND LOANS			DATE OF LOAN	MONTHLY PAYMENTS	UNPAID BALANCE
NAME OF LENDER	CITY	STATE		\$	\$
Chase Manhattan Visa			Open End	\$ 15.00	\$ 2000.00
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

15. HAVE YOU EVER DEFAULTED OR ARE YOU NOW IN DEFAULT ON ANY LOAN—COMMERCIAL, EDUCATIONAL, ETC.—OR OTHER OBLIGATION?
 NO YES IF "YES," EXPLAIN (See Instructions):

16. SIGNATURE OF APPLICANT Mark L. Nellemoe 12 July 1987

I have read, understand, and agree to the terms of the "Borrowers Right's statement, "Borrowers Responsibilities" statement, and "Borrower's Certification" statement printed on the back of this application. I also authorize the lender, in accordance with the HEAL regulations, to check my credit history, both now and throughout the period of my HEAL loan, to answer questions about the lender's credit experience with me, and to share any information received about me with any subsequent holder of my HEAL loan.

SIGNATURE OF BORROWER Mark L. Nellemoe DATE 12 July 1987

NAME DELLERMOE MARK 10
Last First M.I.

SOCIAL SECURITY ACCOUNT NUMBER XXXXXXXXXX

SECTION II—TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION (IMPORTANT: READ INSTRUCTIONS BEFORE COMPLETING)

17. NAME OF EDUCATIONAL INSTITUTION University of Osteopathic Med & Hlth Sci
 ADDRESS 3200 Grand
Des Moines IA 50312
City State Zip code

TELEPHONE 515 271 1470
Area code Number

18. SCHOOL CODE 24913

19. ACDEMIC YEAR (1) From 8 87 (2) To 6 88
Month Year Month Year

20. PERIOD OF LOAN (1) From 8 87 (2) To 6 88
Month Year Month Year

21. ANTICIPATED DATE OF GRADUATION 6 91
Month Year

22. ESTIMATED TOTAL COSTS OF EDUCATION FOR LOAN PERIOD
 Amount Calculated from Standard Student Budget \$ 30495 .00
 Amount of Any Adjustments to Standard Student Budget (Plus or Minus) \$.00
 TOTAL \$ 30495 .00

23. ESTIMATED TOTAL FINANCIAL RESOURCES AND OTHER FINANCIAL ASSISTANCE AVAILABLE FOR LOAN PERIOD
 Amount Calculated from Need Analysis \$ 8918 .00
 Amount of Any Adjustments to Need Analysis (Plus or Minus) \$ 80 .00 *DLB*
 Other Financial Assistance (loans, scholarships, etc.) \$ 7500 .00
 TOTAL \$ ~~16418~~ 14157 .00 *16338 DLB by LLH per Char 7-22-87*

24. MAXIMUM AMOUNT OF LOAN APPROVED
 25. REQUESTED INSTALLMENT AMOUNT(S) 26. REQUESTED INSTALLMENT DATE(S)
 1st: \$ 10000 .00 08 15 87 08-15-87
Month Day Year Month Day Year
DLB 2nd: \$ 1500 .00 11 15 87 11-15-87
Month Day Year Month Day Year
 3rd: \$.00

27. EDUCATIONAL INSTITUTION'S CERTIFICATION
 I, the Authorizing Official, certify that the information contained in this application is true, complete, and correct and that I have verified, to the best of my ability, the information provided by the student, including, but not limited to, citizenship status and Social Security account number. I further certify that the student applicant named above meets the eligibility requirements listed in the HEAL statute and Section 60.5 of the HEAL Regulations.
 I have read, understand, and agree to the terms of the "Educational Institution's Certification". Further I have no reason to believe that the borrower named above, may not be willing to repay the HEAL loan.
 NAME OF AUTHORIZED OFFICIAL (Print or Type) Dennis L. Bates, PhD TITLE Director, Financial Aid
 SIGNATURE OF AUTHORIZED OFFICIAL Dennis L. Bates DATE 03 7-17-87

28. ADDITIONAL INFORMATION

NAME MELLERME MARK 10
Last First M.I.

SOCIAL SECURITY ACCOUNT NUMBER [REDACTED]

SECTION III—TO BE COMPLETED BY THE LENDING INSTITUTION (IMPORTANT: READ INSTRUCTIONS BEFORE COMPLETING)

29. NAME OF LENDING INSTITUTION Valley National Bank
ADDRESS Walnut at Sixth P.O. Box 906
Des Moines Iowa 50309
City State Zip Code

TELEPHONE 515 245 6117
Area Code Number

30. LENDER CODE 804267

31. TOTAL AMOUNT LENDER APPROVES \$ 11500.00

32. ESTIMATED NET INSTALLMENTS AMOUNT(S)
1st \$ 10000.00
2nd \$ 1500.00
3rd \$.00

33. ESTIMATED INSTALLMENT DATE(S)
Month Day Year
08 14 87
Month Day Year
11 16 87
Month Day Year

STOP—REVIEW TOTAL APPLICATION BEFORE PROCESSING !

34. LENDING INSTITUTION'S CERTIFICATION

I, the Authorizing Official, certify that I have complied with all HEAL statutes, regulations, and contracts with the Secretary concerning the HEAL program. I further certify that the applicant has been determined to be creditworthy, as described in Section 60.33 of the HEAL regulations.

I have read, understand, and agree to the terms of the 00371407 "Lending Institution's Certification" statement.

NAME OF AUTHORIZED LENDING OFFICIAL (Print or Type) Bridget M. Reilly TITLE Student Lending Officer
SIGNATURE OF AUTHORIZED LENDING OFFICIAL Bridget M. Reilly DATE 7-28-87

080388

HEALTH EDUCATION ASSISTANCE LOAN PROGRAM

Promissory Note—Variable Rate

WARNING: Any person who knowingly makes a false statement or misrepresentation in a HEAL loan transaction, bribes or attempts to bribe a Federal official, fraudulently obtains a HEAL loan, or commits any other illegal action in connection with a HEAL loan is subject to possible fine and imprisonment under Federal statute.

Last Name (Print or type) Nellermoe		First Name Mark	Middle Initial D	Social Security Account Number (SSN) [REDACTED]
Other Name(s) Used				
PERMANENT (HOME) ADDRESS	City	State	Zip Code	Area Code/Telephone Number
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]
TEMPORARY SCHOOL ADDRESS	City	State	Zip Code	Area Code/Telephone Number
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]

PROMISE TO PAY

Mark D. Nellermoe the borrower, promise to pay to First American Bank, N.A., Washington, D.C.
Name of borrower

the lender or the subsequent holder of this Note, the principal sum of \$ 8500. to the extent it is advanced to me, to pay interest on the principal sum as set out below, and to pay authorized late charges, all reasonable attorney's fees, and other costs and charges that are permitted by Federal regulations and are necessary for the collection of any amount not paid when due.

The Lender and I further understand and agree that:

NOTIFICATION

I must immediately notify the lender (in this Note, the term "lender" includes the subsequent holder of the Note) in writing if any of the following occurs to me before the loan is repaid in full: 1) change of address, 2) name change (e.g., maiden name to married name), 3) failure to enroll in a HEAL school for the period for which the loan is intended, 4) transfer to another school, 5) withdrawal from school or attendance on a less than full-time basis, 6) graduation, 7) failure to begin any activity eligible for deferment status, or 8) cessation of participation in an activity eligible for deferment status.

INTEREST

1. Beginning on the day the loan is disbursed, interest shall accrue. Payment of the interest accruing before the beginning of the repayment period may be postponed until the date upon which repayment of principal is required to begin or to resume. Interest which has accrued and is not paid may be added to the principal sum of this Note not more frequently than every six months. Beginning when the repayment period commences, interest shall accrue and be paid as set forth in the Repayment Schedule which the lender shall establish and provide to me.

2. Interest shall accrue and be payable at a yearly rate of interest which is equal to a variable rate calculated by the Secretary of the Department of Health and Human Services for each calendar quarter and computed by determining the average of the bond equivalent rates for the ninety-one day U.S. Treasury Bills auctioned during the preceding quarter, plus three percent, rounding this figure up to the nearest one-eighth of one percent. Provided however that during any in-school, grace and deferment periods, interest shall accrue and be payable at a yearly rate which is three-tenths of one percent below the rate calculated in accordance with the preceding formula.

3. Any change in the yearly rate of interest will affect the payment amounts, the number of payments, or the amount due at maturity.

INSURANCE PREMIUM

I agree to pay the lender, in addition to interest and principal due, an amount equal to the premium that the lender is required to pay to the Secretary in order to provide insurance coverage on this Note. Payment of an insurance premium calculated in accordance with instructions issued by the Secretary shall be due and payable immediately and may be taken by the lender from the loan proceeds.

PREPAYMENT

I may, at my option and without penalty, prepay all or any part of the principal and accrued interest at any time. If I pay off early, I will not have to pay a penalty. If I pay off early, I will not be entitled to a refund of part of the insurance premium.

REPAYMENT

1. Repayment shall be made in monthly installments over a repayment period which starts the first day of the tenth month after the month in which

(A) I cease to be a full-time student at a HEAL school;

(B)(1) I cease to be a participant in an accredited internship or residency program of not more than four years in duration;¹ or

(2) I complete the fourth year of an accredited internship or residency program of more than four years in duration;¹ or

(C) I cease to be a participant in a fellowship training program not in excess of two years or a participant in a full-time educational activity not in excess of two years which: (1) is directly related, as defined in program regulations, to the health profession for which I prepared at a HEAL school, and (2) in which I may engage during a two-year period which begins within twelve months after I complete my participation in an internship or residency program described in clause (B)(1) or clause (B)(2) of this paragraph or before I complete my participation in such an internship or residency program.

2. The repayment period shall not be less than ten years nor more than twenty-five years. Any period described under DEFERMENT shall not be included in determining the ten or twenty-five year periods. If I receive my first HEAL loan on or after October 22, 1985, the repayment period shall not extend to a date that is more than thirty-three years from the date on which I signed this Promissory Note. If I received any HEAL loan prior to October 22, 1985, however, any period described under DEFERMENT shall not be included in determining the thirty-three year period.

3. At least thirty and not more than sixty days before the commencement of my repayment period, I must contact the holder of my loan to establish the precise terms of repayment. My repayment schedule will require monthly payments. However, I may select a monthly repayment schedule with substantially equal installments or a monthly repayment schedule with graduated installments that increase in amount over the repayment period if I contact the holder of my loan within the period described. If I do not contact the holder and do not respond to contacts from the holder, the holder may establish a monthly repayment schedule with substantially equal installment payments, subject to the terms of this Note.

¹Except that, if I received a HEAL loan before October 22, 1985, and I become an intern or a resident in an accredited program before the first day of the tenth month after I cease to be a full-time student at a HEAL school, then the repayment period begins on the first day of the tenth month after I cease to be an intern or a resident.

THE TERMS OF THIS NOTE ARE CONTAINED ON BOTH SIDES OF THIS DOCUMENT

NOTICE

This Note shall be executed without security and without endorsement, except that, if the borrower is a minor and this Note would not, under applicable State law, create a binding obligation, the lender may require an endorser also to sign this Note. The lender shall supply a copy of this Note to the borrower.

GENERAL

The terms of this Note shall be construed according to the Law (42 U.S.C. 294-294f) and the Federal regulation (42 CFR Part 60) governing the administration of the Health Education Assistance Loan (HEAL) Program, copies of which are on file with the holder of this Note.

I agree that all proceeds from this loan will be used solely for tuition and other reasonable education expenses, including fees, books, supplies and equipment, and laboratory expenses, reasonable living expenses, reasonable transportation costs (only to the extent they are directly related to my education), and the HEAL insurance premium. I further agree that the check(s) for the proceeds of this loan shall be made payable jointly to me and the eligible institution in which I am enrolled.

By my signature below, I CERTIFY that I have read and understand my rights and responsibilities regarding the HEAL loan under this Promissory Note.

I acknowledge that I have received, read and understand the provisions of this Note, including those set forth on the reverse side of this document.

SIGNATURE OF BORROWER <u>Mark D. Nellermoe</u>	ADDRESS [REDACTED]	DATE <u>30 July 88</u>
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LENDER COPY - SEND TO SCHOOL

4. The terms and conditions of repayment shall be set forth in a separate Repayment Schedule which the lender shall establish and shall provide me prior to the beginning of the repayment period.

5. Unless I agree otherwise I shall make a minimum annual repayment of an amount equal to the annual interest on the unpaid principal balance. Except as provided above, if I have other outstanding HEAL loans, the sum of all payments to all holders on my HEAL loans shall not be less than an amount equal to the consolidated interest on the unpaid principal balances.

6. I understand that this loan must be repaid in accordance with my Repayment Schedule. If my account becomes overdue by more than sixty days, the lender must notify an appropriate consumer credit reporting agency of this, which may significantly and adversely affect my credit rating. The lender must also use collection agents and utilize other collection activities (which may include litigation) if my account becomes overdue.

FORBEARANCE

I have the right to be granted forbearance whenever I am temporarily unable to make scheduled payments on my HEAL loan and I continue to repay the loan in an amount commensurate with my ability to repay the loan unless the Secretary determines that my default is inevitable and the forbearance will be ineffective in preventing default. A lender must exercise forbearance in accordance with terms that are consistent with the twenty-five and thirty-three year limitations on the length of repayment if the lender and the borrower agree in writing to the new terms. Each forbearance period may not exceed six months and the total period of forbearance (with or without interruption) granted to me must not exceed two years unless an extension is granted by the Secretary.

DEFERMENT

- Monthly installments of principal and interest need not be paid, but interest shall accrue:
 - When I am carrying a full-time course of study at a HEAL school or at an institution of higher education eligible to participate in the Guaranteed Student Loan Program.
 - When I am participating in a fellowship training program or full-time educational activity for not in excess of two years as described in paragraph 1 under REPAYMENT above.
 - Not in excess of three years for each of the following when I am:
 - a member of the Armed Forces of the United States;
 - in service as a volunteer under the Peace Corps Act;
 - in service as a full-time volunteer under Title 1 of the Domestic Volunteer Service Act of 1973; and
 - a member of the National Health Service Corps.
 - Not in excess of four years when I am a participant in an accredited internship or residency program. Except that if I received my first HEAL loan on or after October 22, 1985, this limitation of four years also includes any period of deferral of the onset of the repayment period for participation in an internship or residency program.
- To receive a deferment, including a deferral of the onset of the repayment period (see REPAYMENT), I must, prior to the onset of the activity and annually thereafter, submit to the lender evidence of my status in the deferment activity and evidence that verifies deferment eligibility of the activity. It is my responsibility to provide the lender with all required information or other information regarding the requested deferment.

BORROWER'S RIGHTS

- The lender (holder) cannot change the terms of my HEAL loan without my consent.
- The lender must provide me with a copy of the completed promissory note when the loan is made. The lender (holder) must return the note to me when the loan is paid in full.
- The loan check or draft must be made payable jointly to me and the school. The check or draft must require my endorsement.
- The lender (holder) will provide me with a repayment schedule before the repayment period begins.
- If the loan is sold from one lender to another lender, or if the loan is serviced by a party other than the lender, the holder must notify me within 30 days of the transaction and I must be sent a notification which spells out my obligations to the new holder.
- I have a right to a 9-month "grace period" before repayment begins after I have completed school attendance, internship and residency in an accredited program, or a fellowship training program or full-time educational activity approved by the Secretary for this purpose.
- I have a right to deferment of principal and interest repayments if certain conditions exist. Under deferment, I am not required to make payments on the loan principal or interest for a period of time. However, interest continues to accrue during any deferment period. To receive a deferment, including a deferral of the onset of the repayment period (See Section 60.11(a) of the HEAL regulations), I must, prior to the onset of the activity and annually thereafter, submit to the holder of the loan evidence of my status in the deferment activity and evidence that verifies deferment eligibility of the activity. It is my responsibility to provide the holder with all required information or other information regarding the requested deferment.
- I have a right to prepay the whole or any portion of the loan at any time without a penalty.
- I may select a monthly repayment schedule with substantially equal installments or a monthly repayment schedule with graduated installments that increase in amount over the repayment period if I contact the holder of my loan at least 30 and not more than 60 days before the commencement of my repayment period to establish the precise terms of repayment.
- My loan obligation will be cancelled in the event of my death or permanent and total disability in accordance with applicable Federal statutes and regulations.
- "Forbearance" means an extension of time for making loan payments or the acceptance of smaller payments than were previously scheduled to prevent me from defaulting on my payment obligations. I have the right to be granted forbearance whenever I am temporarily unable to make scheduled payments on my HEAL loan and I continue to repay the loan in an amount commensurate with my ability to repay the loan unless the Secretary determines that my default is inevitable and the forbearance will be ineffective in preventing default. A lender (holder) must exercise forbearance in accordance with terms that are consistent with the 25- and 33-year limitations on the length of repayment if the lender (holder) and the borrower agree in writing to the new terms. Each forbearance period may not exceed 6 months and the total period of forbearance (with or without interruption) granted to me must not exceed 2 years unless an extension is granted by the Secretary.
- The lender (holder) must notify me in writing of the balance owed for principal, interest, insurance premiums, and any other charges or fees owed to the lender (holder), at least every 6 months from the time my loan was disbursed to me.

CREDIT REPORTING AGENCY

My educational institution or my lender may disclose my loan and any other relevant information to appropriate consumer credit reporting agencies. If I am more than sixty days past due in making a scheduled payment, the lender of my loan will notify an appropriate consumer credit reporting agency of my past due status, and any other relevant information.

LATE CHARGE

If a scheduled payment is late, I will be charged five cents for each dollar of the installment payment due.

DEFAULT

If I do not make payments when due, my loan may be declared in default. If I default, the Federal Government will take over my loan and I will then owe the Government. The Federal Government will actively pursue me for repayment of the debt, including the use of collection agents and reporting my default to consumer credit reporting agencies or to the Internal Revenue Service for purpose of locating me or for income tax refund offset, and referral to the Department of Justice for litigation. I may be the subject of court action to force me to pay. The Secretary may also cause to be reduced Federal reimbursements or payments for health services under any Federal law to borrowers who are practicing their professions and have defaulted on their loans, and may make other administrative offsets, including salary offsets for Federal employees. The Government may also report any written off debt to the Internal Revenue Service as taxable income, and may undertake any other debt collection procedures in accordance with the Claims Collection Regulations (45 CFR Part 30).

1. In the event of my default on this loan, the entire unpaid loan including interest due and accrued shall, at the option of the holder of this Note, become immediately due and payable.

2. If I fail to make a scheduled payment or fail to comply with any other term of this Note, the lender may (a) refer my loan to a collection agent for further collection efforts; (b) initiate legal proceedings against me; (c) refer my loan to the Secretary for collection assistance; and (d) obtain my address from the Internal Revenue Service, through the Secretary, if the lender has no current address for me.

BANKRUPTCY

I may not have my loan discharged in bankruptcy during the first five years of the repayment period, under any chapter of the Bankruptcy Act, including Chapter 13. I may have a HEAL loan discharged in bankruptcy after the first five years of the repayment period only upon a finding by the Bankruptcy Court that the non-discharge of such debt would be unconscionable and upon the condition that the Secretary shall not have waived his or her rights to reduce any Federal reimbursements or Federal payments for health services under any Federal law in amounts up to the balance of the loan.

DEATH/DISABILITY

If I die or become totally and permanently disabled, my unpaid indebtedness on this Note shall be cancelled in accordance with applicable Federal statute and regulations.

BORROWER'S RESPONSIBILITIES

- I understand that there is no interest subsidy on a HEAL loan and that I must pay all interest on the loan. If I do not make payments on time or if I default, the total amount to be repaid will be increased by late charges and may be increased by additional interest costs, attorney's fees, court costs and other collection costs.
- I agree to pay an insurance premium if charged by the lender, not to exceed the amount the lender is required to pay to the Secretary to provide insurance coverage on a HEAL loan. I understand that I will not be entitled to any refund of this premium.
- I must immediately notify the lender (holder) in writing if any of the following occurs to me before the loan is repaid in full: a. change of address, b. name change (e.g., maiden name to married name), c. failure to enroll in a HEAL school for the period for which the loan is intended, d. transfer to another school, e. withdrawal from school or attendance on a less than full-time basis, f. graduation, g. failure to begin any activity eligible for deferment status, or h. cessation of participation in an activity eligible for deferment status.
- I must notify the lender (holder) of any occurrence which may affect my eligibility to receive or to continue to receive a deferment of principal and interest payments.
- To receive a deferment, including a deferral of the onset of the repayment period (See Section 60.11(a) of the HEAL regulations), I must, prior to the onset of the activity and annually thereafter, submit to the holder of the loan evidence of my status in the deferment activity and evidence that verifies deferment eligibility of the activity. It is my responsibility to provide the holder with all required information or other information regarding the requested deferment.
- I understand that this loan must be repaid in accordance with my repayment schedule. If my account becomes overdue by more than 60 days, the lender (holder) must notify an appropriate consumer credit reporting agency of this, which may significantly and adversely affect my credit rating. The lender (holder) must also use collection agents and utilize other collection activities (which may include litigation) if my account becomes overdue.
- If I do not make payments when due, my loan may be declared in default. If I default, the Federal Government will take over my loan and I will then owe the Government. The Federal Government will actively pursue me for repayment of the debt, including the use of collection agents and reporting my default to consumer credit reporting agencies or to the Internal Revenue Service for purpose of locating me or for income tax refund offset, and referral to the Department of Justice for litigation. I may be the subject of court action to force me to pay. The Secretary may also cause to be reduced, Federal reimbursements or payments for health services under any Federal law to borrowers who are practicing their professions and have defaulted on their loans, and may make other administrative offsets, including salary offsets for Federal employees. The Government may also report any written off debt to the Internal Revenue Service as taxable income, and may undertake any other debt collection procedures in accordance with the Claims Collection Regulations (45 CFR Part 30).
- I do not have the right to have my loan discharged in bankruptcy during the first 5 years of the repayment period. This prohibition against the discharge of a HEAL loan applies to bankruptcy under any chapter of the Bankruptcy Act, including Chapter 13. I may have a HEAL loan discharged in bankruptcy after the first 5 years of the repayment period only upon a finding by the Bankruptcy Court that the non-discharge of such debt would be unconscionable and upon the condition that the Secretary shall not have waived his or her rights to reduce any Federal reimbursements or Federal payments for health services under any Federal law in amounts up to the balance of the loan.

STUDENT APPLICATION FOR A HEALTH EDUCATION ASSISTANCE LOAN

Form Approved
OMB No. 0915-0038
Exp. Date 12/31/89

WARNING: Any person who knowingly makes a false statement or misrepresentation in a HEAL transaction, bribes or attempts to bribe a Federal official, fraudulently obtains a HEAL loan or commits any other illegal action in connection with a HEAL loan is subject to a fine or imprisonment under Federal statute.

FOR PHS USE ONLY

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SECTION I — TO BE COMPLETED BY APPLICANT (IMPORTANT: READ INSTRUCTIONS BEFORE COMPLETING)

1.A. NAME Neller Mark D
Last First M.I.

1.B. OTHER NAME USED _____
Last First M.I.

2. SOCIAL SECURITY ACCOUNT NO. (SSN) _____

3.A. PERMANENT (HOME) ADDRESS
Number, street, and apartment number _____
City _____ State _____ Zip code _____

3.B. TELEPHONE _____
Area code Number

4.A. TEMPORARY (SCHOOL) ADDRESS
Number, street, and apartment number _____
City _____ State _____ Zip code _____

4.B. TELEPHONE _____
Area code Number

5. PLACE OF BIRTH
City _____ State _____
Country United States

6. DATE OF BIRTH _____
Month Day Year 59

7. U.S. CITIZENSHIP STATUS (See Instructions)
(a) U.S. Citizen Yes No (b) U.S. National Yes No (c) U.S. Permanent Resident Yes No
(d) Other Yes No _____
(If "Yes", Name of Country)

8. U.S. PERMANENT RESIDENT
If you are a permanent resident, you must attach a copy of your I-151 or I-551 ("green card") and enter your registration number: _____

9. MAJOR COURSE OF STUDY Podiatric Student POD

10. LOAN AMOUNT REQUESTED \$ ~~7500~~ 8500

11. IS THIS THE FIRST HEAL LOAN YOU HAVE RECEIVED? Yes No

NAME

Nelle Moe
Last

Mark
First

0
MI

SOCIAL SECURITY ACCOUNT NO. (SSN)



12. NAME OF PARENTS (OR GUARDIANS) OR IF DECEASED, NEAREST LIVING RELATIVE OTHER THAN SPOUSE OR SPOUSE'S PARENTS

NAME AND RELATIONSHIP TO YOU	ADDRESS (include number, street, city, state, and zip code)	TELEPHONE NO. (include area code)
Dale W Neller Moe - father	[Redacted]	[Redacted]

13. NAME OF SPOUSE AND TWO LIVING ADULT RELATIVES OTHER THAN PERSONS LISTED ABOVE

NAME AND RELATIONSHIP TO YOU	ADDRESS (include number, street, city, state, and zip code)	TELEPHONE NO. (include area code)
Teran L Neller Moe - wife	[Redacted]	[Redacted]
Onie Neuhaath - Aunt	[Redacted]	[Redacted]
Debra Neller Moe - sister	[Redacted]	[Redacted]

14. LIST ALL INDEBTEDNESS OF \$100 OR MORE

a. HEAL LOAN(S)			DATE OF LOAN	ORIGINAL AMOUNT	UNPAID BALANCE
NAME OF LENDER	CITY	STATE			
Valley National Bank	Des Moines	IA	8/25/87	\$ 10000 ⁰⁰	\$ 10000 ⁰⁰
				\$	\$
				\$	\$
				\$	\$

b. OTHER EDUCATIONAL LOANS			DATE OF LOAN	ORIGINAL AMOUNT	UNPAID BALANCE
NAME OF LENDER	CITY	STATE			
Valley National Bank	Des Moines	IA	8/26/87	\$ 7500 ⁰⁰	\$ 7500 ⁰⁰
				\$	\$
				\$	\$
				\$	\$

c. OTHER CONSUMER OR PERSONAL DEBTS AND LOANS			DATE OF LOAN	MONTHLY PAYMENTS	UNPAID BALANCE
NAME OF LENDER	CITY	STATE			
Mastercard (National Credit Union)	Des Moines	IA (Rev)	8/25/87	\$ 50 ⁰⁰	\$ 750 ⁰⁰
Chase Visa		(Rev)	8/25/87	\$ 80 ⁰⁰	\$ 1500 ⁰⁰
Midland Financial	Des Moines	IA	1/7/88	\$ 229 ³⁰	\$ 12900 ⁰⁰
Montgomery Ward	Minn.	MN (Rev)		\$ 30 ⁰⁰	\$ 150 ⁰⁰
				\$	\$
				\$	\$

15. HAVE YOU EVER DEFAULTED OR ARE YOU NOW IN DEFAULT ON ANY LOAN — COMMERCIAL, EDUCATIONAL, ETC. — OR OTHER OBLIGATION?

No Yes If "Yes," Explain (See Instructions):

2 4 8 1 0 3 1 0 4

16. SIGNATURE OF APPLICANT
I have read, understand, and agree to the terms of the "Borrowers Right's statement," "Borrowers Responsibilities" statement, and "Borrower's Certification" statement printed on the back of this application. I also authorize the lender, in accordance with the HEAL regulations, to check my credit history, both now and throughout the period of my HEAL loan, to answer questions about the lender's credit experience with me, and to share any information received about me with any subsequent holder of my HEAL loan.

SIGNATURE OF BORROWER: Mark D Neller Moe DATE: 4/28/88

NAME

Nethermire
Last

Mark
First

91dpm
MI

SOCIAL SECURITY ACCOUNT NO. (SSN)



SECTION II — TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION (IMPORTANT: READ INSTRUCTIONS BEFORE COMPLETING)

17. NAME OF EDUCATIONAL INSTITUTION University of Osteopathic Med & Hlth Sci

ADDRESS 3200 Grand

Des Moines City IA State 50312 Zip code

TELEPHONE 515 Area code 271 Number 1470

18. SCHOOL CODE 024913

19. ACADEMIC YEAR (1) From 8 Month 88 Year 1 Day (2) To 6 Month 89 Year 1 Day

20. PERIOD OF LOAN (1) From 8 Month 88 Year 1 Day (2) To 6 Month 89 Year 1 Day

21. ANTICIPATED DATE OF GRADUATION 6 Month 91 Year 1 Day

22. ESTIMATED TOTAL COSTS OF EDUCATION FOR LOAN PERIOD
Amount Calculated from Standard Student Budget \$ 26375.00
Amount of Any Adjustments to Standard Student Budget (Plus or Minus) \$.00
TOTAL \$ 26375.00

23. ESTIMATED TOTAL FINANCIAL RESOURCES AND OTHER FINANCIAL ASSISTANCE AVAILABLE FOR LOAN PERIOD
Amount Calculated from Need Analysis \$ 1659.00
Amount of Any Adjustments to Need Analysis (Plus or Minus) \$.00
Other Financial Assistance (Loans, Scholarships, etc.) \$ 12500.00 11500
TOTAL \$ 14159.00 13159

24. MAXIMUM AMOUNT OF LOAN APPROVED \$ 12216.00 13216

25. REQUESTED INSTALLMENT AMOUNT(S)
1st: \$ ~~6000~~.00 7000
2nd: \$ ~~1750~~.00 1500 db
3rd: \$.00

26. REQUESTED INSTALLMENT DATE(S)
07 Month 25 Day 88 Year
10 Month 25 Day 88 Year

27. EDUCATIONAL INSTITUTION'S CERTIFICATION
I, the Authorizing Official, certify that the information contained in this application is true, complete, and correct and that I have verified, to the best of my ability, the information provided by the student including, but not limited to, citizenship status and Social Security account number. I further certify that the student applicant named above meets the eligibility requirements listed in the HEAL statute and Section 60.5 of the HEAL Regulations.

I have read, understand, and agree to the terms of the "Educational Institution's Certification". Further I have no reason to believe that the borrower named above, may not be willing to repay the HEAL loan.

NAME OF AUTHORIZED OFFICIAL (Print or Type) Dennis L. Bates, PhD TITLE Dir Fin Aid
SIGNATURE OF AUTHORIZED OFFICIAL Dennis L. Bates DATE 6-22-88

28. ADDITIONAL INFORMATION

NAME

De. Ernie
Last

Mark
First

0
MI

SOCIAL SECURITY
ACCOUNT NO. (SSN)



SECTION III — TO BE COMPLETED BY LENDING INSTITUTION (IMPORTANT: READ INSTRUCTIONS BEFORE COMPLETING)

29. NAME OF LENDING
INSTITUTION

FIRST AMERICAN BANK, N. A.

ADDRESS

PO BOX 1562

MERRIFIELD
City

VA
State

22116
Zip code

TELEPHONE

703 471 6547
Area code Number

30. LENDER CODE

826145

31. TOTAL AMOUNT
LENDER APPROVES

\$ 8500.00

32. ESTIMATED NET INSTALLMENT AMOUNT(S)

1st: \$ 6440.00

2nd: \$ 1380.00

3rd: \$.00

33. REQUESTED INSTALLMENT DATE(S)

08 08 88
Month Day Year

10 19 88
Month Day Year

Month Day Year

STOP — REVIEW TOTAL APPLICATION BEFORE PROCESSING

34. LENDING INSTITUTION'S CERTIFICATION

2 4 8 1 0 3 1 0 1

I, the Authorizing Official, certify that I have complied with all HEAL statutes, regulations, and contracts with the Secretary concerning the HEAL program. I further certify that the applicant has been determined to be creditworthy, as described in Section 60.33 of the HEAL regulations.

I have read, understand, and agree to the terms of the "Lending Institution's Certification" statement.

NAME OF AUTHORIZED LENDING OFFICIAL (Print or Type)

TITLE **Ebrahim Shirazi
Originations Specialist**

SIGNATURE OF AUTHORIZED LENDING OFFICIAL

E. Shirazi

DATE

7-25-88