

2005 000052

2005 JAN 24 AM 10:08

MICHAEL A. BROWN
RECORDER

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT [optional] <u>219-331-6861</u>	FILING OFFICE ACCT #
<u>Rachel Cappuccio 6861</u>	
B. RETURN TO: (Name and Address)	
<u>Lake County AB Stractors</u> <u>1800 E 23rd AVE.</u> <u>Merrillville In</u> <u>46410</u>	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME	<u>The Angela Buie Living Trust</u>		
OR	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME
	<u>Buie</u>	<u>Angela</u>	<u>J</u>
			SUFFIX

2. INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

2a. SEARCH RESPONSE CERTIFIED (Optional)
 Select one of the following two options: ALL (Check this box to request a response that is complete, including filings that have lapsed.) UNLAPSED

2b. COPY REQUEST CERTIFIED (Optional)
 Select one of the following two options: ALL UNLAPSED

2c. SPECIFIED COPIES ONLY CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)
		<u>Nothing on file</u>

3. ADDITIONAL SERVICES:

Angela Duie
Angela Buie Trust

update from 10-01-04

1/21/05

4. DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

4a. Pick Up
 4b. Other Call when Done Rachel 219-331-6861

Specify desired method here (if available from this office); provide delivery information (e.g., delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)