

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 APR 11 AM 11:12

MICHAEL A. BROWN

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2005-000289

AD NAME & PHONE OF CONTACT (optional) **Chris Hayden 756-6666** FILING OFFICE ACCT #
RETURN TO (Name and Address)
**Guarantee Title & Trust Company
7895 Broadway, Suite A
Merrillville, IN 46410**

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

OR

1b INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

Brookbank

William

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)
		<i>Nothing on file</i>

3 ADDITIONAL SERVICES:

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

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.)

Shuey 4/8/05