

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2005 000297

2005 APR 12 PM 1:10

ADNAME & PHONE OF CONTACT (optional) CAROLINE DEVRIES 219-987-4141	FILING OFFICE ACCT #
BRETURN TO: (Name and Address)  DeMotte State Bank 210 S. Halleck St. P.O. Box 400 DeMotte, IN 46310	

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
	WAGNER	LARRY		

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)

3 ADDITIONAL SERVICES:

WAGNER, EVELYN

13<sup>00</sup>

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.)