



FILED  
LAW OFFICE  
FILED FOR RECORD

2005 MAY 19 11:30

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY 2005 000451

A. NAME & PHONE OF CONTACT (optional) (219) Commercial dept 804-4100	FILING OFFICE ACCT # 17384005
B. RETURN TO: (Name and Address)	
Meridian Title Corp 746 E. Lincoln Hwy Schererville, IN 46375	

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 Health Care Reit, Inc.	OR		
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	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)

**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.)