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			UN ALCONG
IFORMATION REQUEST DLLOW INSTRUCTIONS (front and back) CA	2005 000	549 2005 1911	3 PH 3: 13
. NAME & PHONE OF CONTACT [optional]	FILING OFFICE ACCT#	To the property of the control of th	7.200.00
K. MCSHANE 219-933-5314 RETURN TO: (Name and Address)	4 EX.237	스타스 5일 시 11일 -	EBOMN .
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CITIZENS FINANCIAL	SERVICES, FSB		
1100 EAST JOLIET ST			
DYER, IN 46311			
DEPTOR NAME AS AS ASSESSED.		THE ABOVE SPACE IS FOR FILING OFF	ICE USE ONLY
1a. ORGANIZATION'S NAME	y <u>one</u> debtor name (1a or 1b) - do not abbreviate or combine	e names	· ·
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
CORRALEZ	DAVID		
	CC filings and other notices on file in the filing office	that include as a Debtor name the name iden	ntified in item 1:
2a. SEARCH RESPONSE 🔲 CERTIFIEI	D (Optional)		
Select one of the following two options: 2b. COPY REQUEST CERTIFIES	D (Optional)	hat is complete, including filings that have lap	sed.) VNLAPSE
Select one of the following two options:			
2c. SPECIFIED COPIES ONLY	CERTIFIED (Optional)		
Record Number	Date Record Filed (if required) Type of F	Record and Additional identifying Informa	tion (if required)
			
			<u> </u>
ADDITIONAL SERVICES:	•		
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	completed and mailed to the address shown in item B unles	s otherwise instructed here):	
DELIVERY INSTRUCTIONS (request will be co	ompleted and mailed to the address shown in item B unles	is otherwise instructed here):	
	completed and mailed to the address shown in item B unles		