			STATE (LAKE FILED FI	DIF INDIANA. COUNTY OR RECORD
NFORMATION REQUEST OLLOW INSTRUCTIONS (front and back) CAF A. NAME & PHONE OF CONTACT (optional) K. MCSHANE 219-933-5314 B. RETURN TO: (Name and Address) CITIZENS FINANCIAL 1100 E JOLIET ST	EX.237 FILING OFFICE ACCT#	000782		
DYER, IN 46311 L. DEBTOR NAME to be searched - insert only.	one debtor name (1a or 1b) - do not abbreviate	THE ABOVE SPACE I	S FOR FILING OFFI	CE USE ONLY
1a. ORGANIZATION'S NAME				
Th. INDIVIDUAL'S LAST NAME	FIRST NAME	MI	DDLE NAME	SUFFIX
BLANK	JOHN	L		
Record Number	Date Record Filed (if required)	Type of Record and Additional le	dentifying Informati	on (if required)
. DELIVERY INSTRUCTIONS (request will be co	mpleted and mailed to the address shown in it	tem B unless otherwise instructed here):		