NFORMATION REQUEST OLLOW INSTRUCTIONS (front and back) CAREFULLY				STATE OF INDIANA LAKE COUNTY FILED FOR RECORD		
NAME & PHONE OF CONTACT [optional]			831		-9 AH IO: 0	
TLake County AB Stractors 7 1800 E 23rd AUE,				MICHAEL A. BROWN RECORDER		
merrilloth	e Ini 46410		•			
		and the same		E IS FOR FILING OFFIC	E USE ONLY	
EBTOR NAME to be searched - ins			ames			
Cross Ame  1b. INDIVIDUAL'S LAST NAME  Repak	rica Expi	FIRST NAME  MICOSIA	2	MIDDLE NAME	SUFFIX	
FORMATION OPTIONS relating	and the second s			or name the name identif	ied in item 1:	
	TIFIED (Optional)					
Select one of the following two op		ox to request a response that	t is complete, includi	ng filings that have lapse	d.) UNLAPSE	
	RTIFIED (Optional)	Lunuaposp				
Select one of the following two op		UNLAPSED				
c. SPECIFIED COPIES ONLY	CERTIFIED (Optional)					
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Record Number	Date Record File	d (if required) Type of Re	cord and Additions	I Identifying Information	(if required)	
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		S-R-2-William	- IW	MUNICIPAL TO	LAW	
DDITIONAL SERVICES:						
	ill open wed	- (				
				9-8	- 05	
ELIVERY INSTRUCTIONS (request w						
a. Pick Up	fill be completed and mailed to the a	address shown in item B unless o	otherwise instructed her	e):	/ (%/ 1	
a. Brick Up  b. Other By Rach	fill be completed and mailed to the a	address shown in item B unless of	otherwise instructed her	019-331	-6861	