| NFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) C/ | MDEETH I V | | | OF INDIAHA COUNTY FOR RECORD |
|--|------------------------------|---|--|------------------------------------|
| A. NAME & PHONE OF CONTACT (optional) | FIL | NG OFFICE ACCT # 000 | R L 5 2005 SEP | 14 PH 3: 02 |
| Chrys Hayden 219-663-2289 ext 3 B. RETURN TO: (Name and Address) Chicago Title Insurance Co 2200 North Main Street Crown Point, IN 46307 | SV. | 7 | MICHAE | EL A. BROWN CORDER |
| RE: 620050456 | | | THE ABOVE SPACE IS FOR SHIPLY OFF | ICE HEE ONLY |
| . DEBTOR NAME to be searched - insert only | y <u>one</u> debtor name (1a | a or 1b) - do not abbreviate or combine n | THE ABOVE SPACE IS FOR FILING OFF | ICE USE ONLY |
| Trump Indiana Realty, LLC | | | | |
| 1b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX |
| Record Number | Date Recor | rd Filed (if required) Type of Re | cord and Additional Identifying Informat | tion (if required) |
| ADDITIONAL SERVICES: Please check to see if the follow 2003 2003 | ~ | s have been 7 316 317 | terminated; | |
| DELIVERY INSTRUCTIONS (request will be c | ompleted and mailed | to the address shown in item B unless o | otherwise instructed here): | 9/13/05 |