

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)
TONI LOOMIS, (219)942-1175

B. SEND ACKNOWLEDGMENT TO: (Name and Address) **2005 000901**

HFS BANK, F.S.B.
555 EAST THIRD STREET
HOBART, IN 46342-0487

see oversize attachments

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 OCT 12 PM 1:50

MICHAEL A. BROWN
RECORDER

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME						
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
	BALASH		EARL	E.		
1c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
1790 EAST HIGHWAY 130			HOBART	IN	46342	
1d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any		
				<input type="checkbox"/> NONE		

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME						
OR	2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
	BALASH		SANDRA	E.		
2c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
1790 EAST HIGHWAY 130			HOBART	IN	46342	
2d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any		
				<input type="checkbox"/> NONE		

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME						
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
	HFS BANK, F.S.B.					
3c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
555 EAST THIRD STREET			HOBART	IN	46342-0487	

4. This FINANCING STATEMENT covers the following collateral:

ALL OF THE PERSONAL PROPERTY AND FIXTURES LOCATED ON THE PROPERTY, THE LEGAL DESCRIPTION OF WHICH IS ATTACHED HERETO, MADE A PART HEREOF, INCLUDING ACCESSIONS, ACCESSORIES AND REPLACEMENTS, AND PROCEEDS THEREOF, INCLUDING TORT AND INSURANCE CLAIMS.

5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING

6. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable) 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional) All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA

27-1257104

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME		
OR		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
BALASH	EARL	E.

2005.000901

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10. MISCELLANEOUS:

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any
				<input checked="" type="checkbox"/> NONE

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME				
OR				
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
12c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing.

14. Description of real estate:
SEE ATTACHED EXHIBIT "A".

16. Additional collateral description:

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

EARL E. AND SANDRA E. BALASH, HUSBAND AND WIFE
6209 GRAND BOULEVARD
HOBART, IN 46342

17. Check only if applicable and check only one box.
Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate

18. Check only if applicable and check only one box.
 Debtor is a TRANSMITTING UTILITY
 Filed in connection with a Manufactured-Home Transaction -- effective 30 years
 Filed in connection with a Public-Finance Transaction -- effective 30 years

EXHIBIT "A"

Part of the NW1/4 of Section 33, Township 36 North, Range 7 West of the 2nd P.M., in Hobart, Lake County, Indiana, described as follows: Beginning at a point 1155.0 feet South and 519.87 feet East of the Northwest corner thereof; thence East parallel to the North line thereof 190.0 feet; thence South at right angles 584.18 feet, more or less, to the Northerly right of way line of State Highway #130; thence Northwesterly along said Northerly right of way line to a point on a line which intersects the point of beginning of the tract herein described at right angles to the North line thereof; thence North along said line 451.0 feet, more or less, to the point of beginning.

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