

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

33602K05

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2005 NOV 23 PM 1:31
MICHAEL A. BROWN
RECORDER

A. NAME & PHONE OF CONTACT (optional)	FILING OFFICE ACCT #
B. RETURN TO: (Name and Address)	
Meridian Title Corporation 746 E. LINCOLN HWY. Schererville, IN 46375	

2005 001036

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR NAME to be searched - Insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME			
GAIL M Stienel Trust dated 6-20-73			
OR	1b. INDIVIDUAL'S LAST NAME		
	FIRST NAME	MIDDLE NAME	SUFFIX

2. INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

2a. SEARCH RESPONSE CERTIFIED (Optional)
 Select one of the following two options: ALL (Check this box to request a response that is complete, including filings that have lapsed.) UNLAPSED

2b. COPY REQUEST CERTIFIED (Optional)
 Select one of the following two options: ALL UNLAPSED

2c. SPECIFIED COPIES ONLY CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)

3. ADDITIONAL SERVICES:

No Document Found

4/22/05

4. DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

4a. Pick Up
 4b. Other

Specify desired method here (if available from this office); provide delivery information (e.g., delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)