ORMATION REQUEST OW INSTRUCTIONS (front and bac			<u> </u>		STATE	OF INUIARA
NAME & PHONE OF CONTACT [optional]  Any 365-4082 OR Karen 365-4864  RETURN TO: (Name and Address)					LAKE COUNTY FILED FOR RECORD	
The Pap Northwes 9505 Ge St. Joh				MICHAEL A. BROWN RECORDER		
		-	THI	E ABOVE SPACE IS	FOR FILING OFFI	CE USE ONLY
BTOR NAME to be searched - inse	ert only <u>one</u> debtor name (12 or	f 1b) - do not abbrevi	ate or combine names			
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Specify desired method here (if available from this office); provide delivery information (el@Odelivery service's name, addressee's account # with delivery service, addressee's phone #, etc@