١.	CC FINANCING STA DLLOW INSTRUCTIONS (front a NAME & PHONE OF CONTACT AT FILER	nd back) CAREFULLY	ENI		STATE OF INC LAKE COUR FILED FOR RE	HARRI	
	Phon	e (800) 331-3282 Fax (8	18) 662-4141		FILED FOR RE	CORA	
В.	SEND ACKNOWLEDGEMENT TO: (Name	e and Mailing Address) 8839 GMAC	9007ERV 00251	2	807 APR - 3 AI		
	LICO Direct Condess	107928	850				
	UCC Direct Services 10792 P.O. Box 29071		559	MICHAEL A. BROWN RECORDER		ROWN	
Glendale, CA 91209-9071 ININ				HECCHDER			
		A = 13/TI	RE				
	Lpee attac	Mem	THE	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY			
а.	INITIAL FINANCING STATEMENT 119657 09/28/72 CC IN		- Elithania et	X to t	s FINANCING STATEMEN be filed [for record] (or recor AL ESTATE RECORDS.		
			ove is terminated with respect to security interest				
	X CONTINUATION: Effectiveness continued for the additional period pro		ove with respect to the security interest(s) of the	Secured Party au	thorizing this Continuation §	Statement is	
	ASSIGNMENT (full or partial): G	ive name of assignee in item 7a or	7b and address of assignee in 7c; and also	give name of	assignor in item 9.		
1	AMENDMENT (PARTY INFORMATIO	DN): This Amendment affects D	ebtor or Secured Party of record. Check			7.1	
		current record name in item 6a or 6b; als	so give new DELETE name: Give reco		ADD name: Complete item		
1	uname (if name change) in item 7a or CURRENT RECORD INFORMATION	7b and/or new address (if address change	e) in item 7c to be deleted in item 6a o	r ob.	item 7c; also complete item	is ru-rg (ii applicable)	
	6a. ORGANIZATION'S NAME	ny, Trustee under Trust# 15	81				
2	6b. INDIVIDUAL'S LAST NAME	- Tustee under Trust# 10	FIRST NAME	MIDDLE	NAME	SUFFIX	
	SO, INDIVIDUAL O ENOT IVAILE		T A CO TO MILE				
. (.L	RMATION:					
7a. ORGANIZATION'S NAME							
R	7b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX	
2. 1	MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY	
	SEE INSTRUCTION ADD'L INFO R	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORG/	ANIZATIONAL ID #, if any		
١. إ	ORGANIZATIO	N				NONE	
	DEBTOR AMENDMENT (COLLATERAL CHAN	IGE): check only one box.	Marin Street,				
N	NAME OF SECURED PARTY OF REC	added, or give entire restated colla	DMENT (name of assignor, if this is an Assigno			a Debtor which	
. A	NAME OF SECURED PARTY OF RECadds collateral or adds the authorizing Detagle.	cord Authorizing this amenication, or if this is a Termination authorized	DMENT (name of assignor, if this is an Assigno	nent). If this is an	Amendment authorized by zing this Amendment.	a Debtor which	
N	NAME OF SECURED PARTY OF REC	cord Authorizing this amenication, or if this is a Termination authorized	DMENT (name of assignor, if this is an Assigno	nent). If this is an	zing this Amendment.	a Debtor which	

	INITIAL FINANCING STATEMENT FII 9657 09/28/72 CC IN Lake		ndment form)		FILED FOR RECORD	
	rederal National Mongage Association			000251	2007 APR -3 AM II: L	
OR 13.	12b. INDIVIDUAL'S LAST NAME Use this space for additional inform	FIRST NAME	MIDDLE NAME, SUFFIX		MICHAEL A. BROWN RECORDER	

Recorded Owner: Lake County Trust Company Description: PROPERTY ADDRESS: 1941, 2049 BURR STREET, GARY, IN TAX PARCEL # 254001060003