DIFORMATION REQUEST DILLOW INSTRUCTIONS (front and back) CAREFULLY  NAME & PHONE OF CONTACT (optional)  RETURN TO: (Name and Address)  RETURN TO: (Name and Address)			STAIL OF INDIANA LAKE COUNTY FILED FOR RECORD	
				10 PM 2: 4
RETURN TO: (Name and Address)		MICHAE	L A. BROWN CORDER	
ESTOR NAME to be searched - insert	only one debtor name (1a or 1b) - do not abbreviate o		PACE IS FOR FILING OFF	ICE USE ONLY
Suttons PI	LACL FIRST NAME		MIDDLE NAME	SUFFIX
Select one of the following two options: SPECIFIED COPIES ONLY	ns: ALL UNLAPSED  CERTIFIED (Optional)			S SPACE
	CERTIFIED (Optional)	ype of Record and Addit	ional identifying informa	ition (if required)
Record Number	CERTIFIED (Optional)  Date Record Filed (if required) T	100.14	1.0	ition (if required)
Record Number UCC 2973 11	CERTIFIED (Optional)  Date Record Filed (if required) T	100.14	1.0	ition (if required)
Record Number UCC.297311	CERTIFIED (Optional)  Date Record Filed (if required) T	100.14	1.0	ition (if required)
Record Number UCC 2973 11	CERTIFIED (Optional)  Date Record Filed (if required) T	100.14	1.0	ition (if required)
Record Number UCC.297311	CERTIFIED (Optional)  Date Record Filed (if required) T	100.14	1.0	ition (if required)
Record Number	CERTIFIED (Optional)  Date Record Filed (if required) T	100.14	1.0	ition (if required)