A. NAME & PHONE OF CO Trisha Thomas (81 B. SEND ACKNOWLEDGM Citizens Fina Attn: UCC D 188 Industria Suite 128 Elmhurst, IL	5)609-8823 MENT TO: (Name of Company of Comp	c) CAREFULLY ER [optional] ne and Address)	2007 00040		FILED F 2007 JUN MICHAEL RECO	COUNTY COUNTY OR RECORD 6 MH 10: 3: A. BROWN PRDER
1. DEBTOR'S EXACT FUL	L LEGAL NAME	-insert only one debtorname (1a or 1)	) - do not abbreviate or combine names	VE SPACE IS FO	R FILING OFFICE US	SE ONLY
1a. ORGANIZATION'S NAM						
OR 16 INDIVIDUAL'S LASTNA	ME.		FIRST NAME	MIDDLE	NAME:	SUFFIX
Winkle			Barbara			
1c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
3315 Kenwood S			Hammond	IN	46323	<u>USA</u>
1d. SEEINSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION I Indiviual	1f. JURISDICTION OF ORGANIZATION  Lake County	1g. ORG. 	ANIZATIONAL ID#, if any	None
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  Winkle		FIRST NAME  Robert	MIDDLE	MIDDLE NAME		
2c, MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
3315 Kenwood S 2d. SEEINSTRUCTIONS		2e. TYPE OF ORGANIZATION	Hammond 2f. JURISDICTION OF ORGANIZATION	IN 2g. ORG	46323 ANIZATIONAL ID #, if any	USA_
	ORGANIZATION DEBTOR	Indiviual	Lake County			NONE
		FOTAL ASSIGNEE of ASSIGNOR SA	P) - insert only <u>one</u> secured party name (3a or 3b	)		
3. SECURED PARTY'S N	ME					
3a. ORGANIZATION'S NAM Citizens Final		anv				
3a. ORGANIZATION'S NAM Citizens Final	nce Comp	any	FIRST NAME	MIDDLE	NAME	SUFFIX
3a. ORGANIZATION'S NAM Citizens Final	nce Comp	any	FIRST NAME	MIDDLE	NAME POSTAL CODE	SUFFIX

5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR CONSIGNER	E/CONSIGNOR BAILEE/BAILOF	SELLER/BUYER	AG, LIEN NON-UCC FILING
<ol> <li>This FINANCING STATEMENT is to be filed ESTATE RECORDS, Attach Addendum</li> </ol>		7. Check to REQUEST SEARCH RE [ADDITIONAL FEE]	PORT(S) on Debtor(s) [optional]	All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA				
327080201				

UCC FINANCING STATE		2007 n				FILER	OF INDIANA COUNTY OR RECORD
9. NAME OF FIRST DEBTOR (1a or 9a. ORGANIZATION'S NAME		TEMENT	00408		<b>20</b> 0	7 JUN -	OR RECORD 6 AM 10: 3 A. BROWN PROER
OR 9b, INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			Δ.ΔΙ	O Lean	14110.3
Winkle	Barbara	MIDDEL NAME, GOTTIA			IVII	UHAEL	A BROWN
10.MISCELLANEOUS:	Daibara					HFCC	RDER
			THE ABOVE	SPACE	IS FOR FILIN	g OFFICE U	SE ONLY
11. ADDITIONAL DEBTOR'S EXACT	FULL LEGAL NAME - insert only one r	name (11a or 11b) - do not abbrevi			IST OK FILM	G OI FICE O	SE OIL I
11a, ORGANIZATION'S NAME		(					
OR 11b. INDIVIDUAL'S LAST NAME	AL'S LAST NAME			MIDDLE NAME			SUFFIX
11c. MAILING ADDRESS		СПУ		STATE	POSTAL CODI	E	COUNTRY
11d. <u>SEE INSTRUCTIONS</u> ADD'L INFO ORGANIZA DEBTOR	DRE 11s TYPE OF ORGANIZATION TION	11f. JURISDICTION OF ORGAN	NIZATION	11g. ORG	SANIZATIONAL	ID #, if any	NONE
12. ADDITIONAL SECURED PA 12a. ORGANIZATION'S NAME  OR 12b. INDIVIDUAL'S LAST NAME	RTY'S or   ASSIGNOR S/P'S	NAME - insert only one name	(12a or 12b)	MIDDLE	NAME		SUFFIX
12c. MAILING ADDRESS	<del></del>	CITY		STATE	POSTAL COD	E	COUNTRY
13. This FINANCING STATEMENT covers collateral, or is filed as a fixture filit 14. Description of real estate:  A PARCEL OF LAND LOG OF INDIANA, COUNTY OF ADDRESS OF 3315 KENW 46323-1238 CURRENTLY OF ACT OF 26-33-0223-0039 AND EPROPERTY MORE FULL EASTGATE SUB. L.39 BL. DOCUMENT NUMBER 42 AND RECORDED 05/18/20  15. Name and address of a RECORD OWN (if Debtor does not have a record interest)	CATED IN THE STATE OF LAKE, WITH A SITUS OOD ST, HAMMOND IN OWNED BY SHETLAR IX ASSESSOR NUMBER SEING THE SAME Y DESCRIBED AS 2 AND DESCRIBED IN 1217 DATED 05/11/2006 1006.	16. Additional collateral descri	ption:	1			
		17. Check only if applicable an Debtor is a Trust or T  18. Check only if applicable an Debtor is a TRANSMITTING Filed in connection with a N Filed in connection with a N	rustee acting with re d check <u>only</u> one box S UTILITY Manufactured-Home	spect to proceed to pr	ı — effective 3D	years	ecedent's Estate

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