CC FINANCING STATEMENT			U A L. FILE	AKE COUNTY TO FOR RECORE
LLOW INSTRUCTIONS (front and back) CAREFULLY				
NAME & PHONE OF CONTACT AT FILER (optional)	2007 000	466	2007 J	UN 26 AM 9:
Brian Rose 503-232-2876 SEND ACKNOWLEDGMENT TO: (Name and Address)				
SEND ACKNOWLEDGINENT TO: (Name and Address)				fael a. Brow
Frank Koczur, Tech Credit Union 10951 Broadway Crown Point, Indiana 46307			ł	RECORDER
Dee onersize			R FILING OFFICE USE	ONLY
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debt 1a. ORGANIZATION'S NAME	or name (1a or 1b) - do not abbreviate or	combine names		
R				
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
Gulden MAILING ADDRESS	Barbara	A.	POSTAL CODE	COUNTRY
				COUNTRY
[1672 W 96th Avenue I. TAX ID #: SSN OR EIN ADD'L INFO RE [1e. TYPE OF ORGANIZA	St. John TION 1f. JURISDICTION OF ORGANIZATION	IN 1g OBG	ANIZATIONAL ID #, if a	USA
ORGANIZATION DEBTOR	II. SOMEDICTION OF CHARMENTO	1 19. 01.0	ANIZATIONALID #, II ai	□ NONE
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert 2a. ORGANIZATION'S NAME R 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE		SUFFIX
Gulden	Donald	L.		
. MAILING ADDRESS	CITY		POSTAL CODE	COUNTRY
1672 W 96th Avenue	St. John	IN	46373	USA
. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION DEBTOR	TION 2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if ar	NONE
SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of AS 3a. ORGANIZATION'S NAME	SIGNOR S/P) - insert only <u>one</u> secured party name	(3a or 3b)		- None
Tech Credit Union				- 20
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
MAILING ADDRESS	CITY	CTATE	Inoctal cons	COUNTRY
0951 Broadway	Crown Point	STATE	POSTAL CODE 46307	USA
This FINANCING STATEMENT covers the following collateral: FIXTU				

UCC FINANCING STATEMENT ADDENDING FOLLOW INSTRUCTIONS (front and back) CAREFULLY	UM	LAKE LAKE FILED FO	COUNTY COUNTY OR RECORD
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING 9a. ORGANIZATION'S NAME	2007 000466	2007 月2 2	6 AM 9:25
96. INDIVIDUAL'S LAST NAME FIRST NAME Gulden Barbara	MIDDLE NAME, SUFFIX	MICHAEL	A. BROWN
10. MISCELLANEOUS:	β.	HEU	ORDER
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert		ABOVE SPACE IS FOR FILING OFFIC iate or combine names	E USE ONLY
11a. ORGANIZATION'S NAME			_
OR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR	IN 11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if a	ny NONE
12. ADDITIONAL SECURED PARTY'S or ASSIGNOTICAL ASSIGNOTIC	DR S/P'S NAME - insert only <u>one</u> name (12a	a or 12b)	
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
12c. MAILING ADDRESS	СІТУ	STATE POSTAL CODE	COUNTRY
 13. This FINANCING STATEMENT covers timber to be cut or as-excollateral, or is filed as a			
See Exhibit A for complete Legal Description.			
15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest): Fixtures: Gulden, Donald L., and Gulden, Barbara A.	A		
	17. Check only if applicable and check only Debtor is a Trust or Trustee acting to 18. Check only if applicable and check only Debtor is a TRANSMITTING UTILITY Filed in connection with a Manufacture Filed in connection with a Public-Finance	with respect to property held in trust or one box. d-Home Transaction effective 30 years	Decedent's Estate

No: 920073314

LEGAL DESCRIPTION

Unit C in Tri-Town Commons, a Horizontal Property Regime, as created by Declaration recorded June 5, 2007 as Document No. 2007 045484 and Site Plans recorded June 5, 2007 in Plat Book 101 page 51, in the Office of the Recorder of Lake County, Indiana., together with an undivided interest in the common elements appertaining thereto.

2007 00046

FILED FOR RECORD
2007 JUN 26 AM 9: 26