

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2007 JUL -6 AM 9:16
MICHAEL A. BROWN
RECORDER

A. NAME & PHONE OF CONTACT [optional] Debbie Harris - 663-5160	FILING OFFICE ACCT # 2007 000491
B. RETURN TO: (Name and Address) Ticor Title Insurance 11055 Broadway, Suite A Crown Point, IN 46307	
L <i>over side</i>	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME Kentland Bank, Trust No. 561				
OR	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

2. INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

2a. SEARCH RESPONSE CERTIFIED (Optional)
Select one of the following two options: ALL (Check this box to request a response that is complete, including filings that have lapsed.) UNLAPSED

2b. COPY REQUEST CERTIFIED (Optional)
Select one of the following two options: ALL UNLAPSED

2c. SPECIFIED COPIES ONLY CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)
99002490	August 18, 1999	
2004 000378	April 14, 2004	
		7-5-2007

3. ADDITIONAL SERVICES:

I need the face copy of any amendments, assignments, continuations or release of the above UCC's.

4. DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

- 4a. Pick Up
4b. Other

Specify desired method here (if available from this office); provide delivery information (e.g., delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)

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