

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2006 008386

2006 FEB -2 PM 2:40

MICHAEL A. BROWN  
RECORDER

NOTICE OF LIEN FOR SANITARY SEWER USER FEES

NOTICE IS HEREBY GIVEN that a lien pursuant to IC 36-9-23-33 exists in favor of:

→ Independence Hill Conservancy District  
2193 W. 84th Place  
Merrillville, IN 46410

and against: ACCT # 42537.100 ORNELAS ANTHONY  
7343 JENNINGS PL  
MERRILLVILLE IN 46410

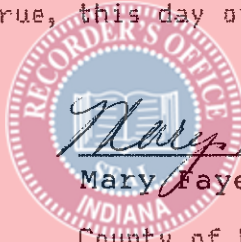
TAX KEY # 15-0425-0037 LOCATION: 7343 JENNINGS PL  
LEGAL DESCRIPTION: SOUTHBROOK UNIT NO.1 LOT 37

in the Town of Merrillville, County of Lake, and State of Indiana,  
in the amount of \$ 96.73 as of Sept 30 2005.

Document is NOT OFFICIAL!  
This Document is the property of the Lake County Recorder!

INDEPENDENCE HILL CONSERVANCY DISTRICT  
BY: Lynn E Sattler  
Lynn E Sattler, Financial Clerk  
State of Indiana, County of Lake, SS:

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Lynn E Sattler for and on behalf of Independence Hill Conservancy District, a special taxing district of the State of Indiana, and acknowledged the execution of the foregoing instrument, and, being first duly sworn on oath, represented that the facts stated in the foregoing instrument are true, this day of January 31 2006.



Mary Faye Goodwin  
Mary Faye Goodwin, Notary Public

County of Residence: Lake  
My Commission Expires: Sept 20 2006

This instrument prepared by George C. Paras, Attorney at Law  
1000 E 80th Pl, 415 North Tower, Merrillville, IN 46410

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Ch# 10236

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

  
Signature of Declarant

Lynn E Sattler, Financial Clerk  
Printed Name of Declarant

