STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2006 008400

2006 FEB -2 PM 2:41

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 # 46981.200

EDWARDS ALLEN L 7502 BIGGER ST MERRILLVILLE IN 46410

TAX KEY # 15-0469-0081 LEGAL DESCRIPTION: LOCATION: 7502 BIGGER ST SOUTHBROOK UNIT 3 LOT 276

in the Town of Merrillville, County of Lake, and State of Indiana,

in the amount of

\$ 96.73 as of Sept 30 2005

This DINDEPENDENCE SHILL CONBERVANCY DISTRICT

BY:

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 <u>Lynn E Sattler</u> 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 <u>January 31 2006</u>.

Mary Faye Soodwin, 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

11-19

Ch#10236

Prescribed by the State Board of Accounts (2005)

County form 170

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).

L, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do herby 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, the Lake County was each Social Security number in the

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