

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 008416

2006 FEB -2 PM 2:42

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 # 50351.001 HOSEK RONALD
50351.002 1371 STONEY CREEK CIR
CARMEL IN 46032

TAX KEY # 15-0503-0051 LOCATION: 7432 APT A WHITCOMB ST
LEGAL DESCRIPTION: CRESCENT LAKE UNIT 3 LOT 180

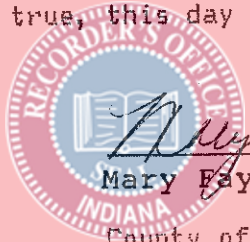
in the Town of Merrillville, County of Lake and State of Indiana
in the amount of \$ 188.01 as of Sept 30 2005

Document is NOT OFFICIAL!
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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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C# 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).

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

