LAKE COUNTY FILED FOR RECORD

2006 008913

2006 FEB - 3 PH 12: 05

MICHAEL A. BROWN RECORDER

STATE OF INDIANA) SS: COUNTY OF LAKE

NOTICE OF LIEN RIGHTS

Owner's Name:

Otangeles, LLC

Owner's Address:

1217 Highway #41

Schererville, IN 46375

Claimant's Name:

Young Plumbing, Inc.

3426 North Lake Park Avenue

Hobart, Indiana 46342

Amount Claimed: Property Address:

\$ 4600.00 plus interest

751-761 E. 81st Place Merrillville, IN 46410 (Suite 5 & 6)

Parcel#

Property Legal Description:

County Recorder!

Please take notice that the above-named Claimant has delivered material and/or machinery to the above-described Property. Pursuant to I.C. 32-8-3-1, there exists in the Claimant certain lien rights against the Property, and the Claimant hereby notifies you of the Claimant's lien rights and, pursuant to I.C. 32-8-3-3, the Claimant's intent to hold a mechanic's lien against the Property.

Date: February 1, 2006

Young Plumbing, Inc.

STATE OF INDIANA

COUNTY OF LAKE

للا

Before me, a Notary Public in and for said county and state, this 1st day of February 2006 came John T. Young, President of Young Plumbing, Inc., who acknowledged execution of the foregoing instrument for and on behalf of said company and who, having been duly sworn, stated that the representations therein contained are true.

Witness my hand and official seal.

My Commission Expires: June 10, 2016

Prepared by: Melissa Thomason

Valerie Pena, Notary Public County of Residence: <u>Lake</u>

CAN CAN

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 herby affirm under the penalties of perjury: out to Recorder!

- 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

Printed Name of Declarant