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MICHAEL A. BROWN
RECORDER

2

MERRILLVILLE CONSERVANCY DISTRICT

6250 BROADWAY
MERRILLVILLE IN 46410
PHONE 980-5220 FAX 980-8035

SWORN STATEMENT OF INTENTION TO HOLD LIEN

**TO: CHRISTINE PANKIEWICZ
6825 PIERCE DR
MERRILLVILLE IN 46410**

STATE OF INDIANA, COUNTY OF LAKE.

KEY NUMBER: 1500230304

ACCT. #: 1800355100

The undersigned, being first duly sworn makes this Sworn Statement of Intention to Hold Lien upon the property that is being described below and says that:

- 1.) The undersigned Sanitary District of Merrillville, Indiana, intends to hold a lien on land, commonly known as: 6825 PIERCE DR

and legally described as follows:

COLONIES OF MERRILLVILLE CONDOMINIUM BLDG 21 UNIT 2

as well as on all buildings or other structures and improvements located thereon or connected therewith for sewage services furnished by the undersigned.

- | | | |
|-----|---|---------|
| 2.) | THE AMOUNT CLAIMED DELINQUENT UNDER THIS STATEMENT IS | 158.4 |
| 3.) | THE AMOUNT OF PENALTY CLAIMED IS | 0.00 |
| 4.) | THE AMOUNT OF COST IS | 39.00 |
| 5.) | THE TOTAL AMOUNT DUE IS | \$197.4 |

MERRILLVILLE CONSERVANCY DISTRICT
6250 BROADWAY
MERRILLVILLE IN 46410
(219) 980-5220

CK # 10633
10634 11-55

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 numbers;
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

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

