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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2006 024364

2006 MAR 24 AM 11:44

RECORDING OF SEWER LIEN BROWN  
RECORDER

FOR A VALUABLE CONSIDERATION, THE RECEIPT WHEREOF IS HEREBY ACKNOWLEDGED, A CERTAIN SEWAGE LIEN EXISTING IN FAVOR OF THE GARY SANITARY DISTRICT, 3600 WEST THIRD AVENUE, GARY, INDIANA 46406, AND AGAINST COMER JR, RICHARD H., 1127 GIBSON PLACE, GARY, INDIANA 46403

ON THE FOLLOWING REAL ESTATE TO-WIT:

AMOUNT: \$ 311.97  
KEY NUMBER: 25-41-0283-0008  
LEGAL DESCRIPTION: AETNA MANOR 4<sup>TH</sup> SUB ALL L.8 BL.9  
COMMON ADDRESS: 1127 GIBSON PLACE

A WRITTEN NOTICE OF AN INTENTION TO HOLD LIEN WHICH IS TO BE FILED IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, STATE OF INDIANA.

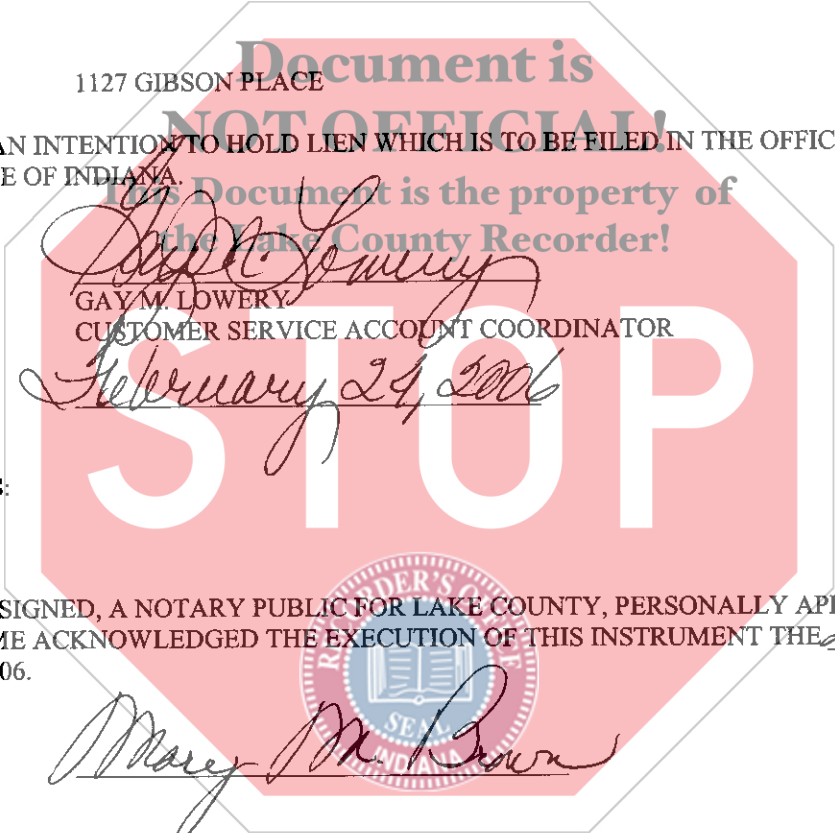
SIGNED: *[Signature]*  
PREPARED BY: GAY M. LOWERY  
TITLE: CUSTOMER SERVICE ACCOUNT COORDINATOR

DATE: February 24, 2006

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

BEFORE ME THE UNDERSIGNED, A NOTARY PUBLIC FOR LAKE COUNTY, PERSONALLY APPEARED GAY M. LOWERY AND BEFORE ME ACKNOWLEDGED THE EXECUTION OF THIS INSTRUMENT THE 24<sup>th</sup> DAY OF February, 2006.

NOTARY SIGNATURE: *[Signature]*



MARY M. BROWN  
Lake County  
My Commission Expires  
February 20, 2011

\$11  
CAR

Prescribed by the  
State Board of Accounts  
(2005)

County form 170

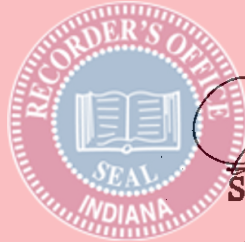
Declaration

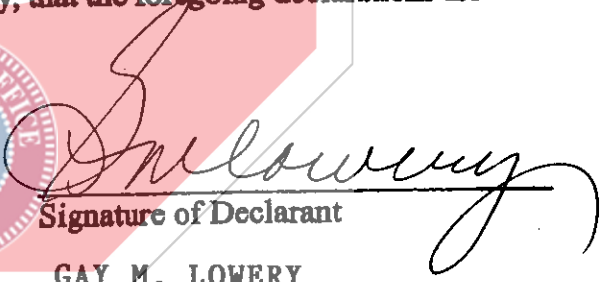
This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

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

GAY M. LOWERY

Printed Name of Declarant