STATE OF INDIANAL LAKE COUNTY FILED FOR RECORD

2006 024394

2006 MAR 24 AM 11: 47

RECORDING OF SEVER LI

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 MERCANTILE NATIONAL BANK OF INDIANA TR #5664, P.O. BOX 1932, GARY, IN 46409

ON THE FOLLOWING REAL ESTATE TO-WIT:

AMOUNT:

\$ 691.15

KEY NUMBER:

25-44-0287-0001

LEGAL DESCRIPTION:

GARY LAND CO'S. 10TH SUB. ALL L.1 BL.13

COMMON ADDRESS:

1101-07 BROADWAYCUMent is

LOWERY

CUSTOMER SERVICE ACCOU

A WRITTEN NOTICE OF AN INTENTION TO HOLD LIEN WHICH IS TO BE FILED IN THE OFFICE OF THE RECORDER

the property of

COORDINATOR

OF LAKE COUNTY, STATE OF INDIAN

SIGNED:

PREPARED BY:

TITLE:

DATE:

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 2/2 DAY OF

, **20**06.

NOTARY SIGNATURE:



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; unty 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

GAY M. LOWERY

Printed Name of Declarant