STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2006 024430

2006 MAR 24 AM II: 50

RECORDING OF SHEWER LYLEROWN 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 WARD III, ROOSEVELT, 7716 JUNIPER AVENUE, GARY, INDIANA 46403

ON THE FOLLOWING REAL	ESTATE TO-WIT:
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AMOUNT:

\$830.20

KEY NUMBER:

25-45-0454-0026

LEGAL DESCRIPTION:

LAKE ESTATES SUB. L.26 BL.4

COMMON ADDRESS:

1028 GREENE PLACE CUMENT IS

WHICH IS TO BE FILED IN THE OFFICE OF THE RECORDER A WRITTEN NOTICE OF AN INTENTION TO HO the property of

OUNT COORDINATOR

OF LAKE COUNTY, STATE OF INDIANA

SIGNED:

PREPARED BY:

TITLE:

DATE:

STATE OF INDIANA)

) SS:

)

COUNTY OF LAKE

February

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 DAY OF

_, 2006.

NOTARY SIGNATURE:

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

County form 170

Prescribed by the State Board of Accounts (2005)

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; ounty 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