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2007 DEC 17 AM 10:45

MICHAEL A. GROWN
RECORDER

SWORN STATEMENT AND NOTICE OF INTENTION TO HOLD ASSESSMENT LIEN

OWNER: Dimitra Koutropoulos
1493 Lakewood Lane
Schererville, IN 46375

CLAIMANT: Lakewood Estates Condominium Assoc., Inc.
c/o Thomas L. Kirsch, Attorney
131 Ridge Road
Munster, IN 46321

The undersigned, being first duly sworn, states that:

1. The above-named owner is in default upon the balance of \$2,839.00 for December 31, 2006 through December 15, 2007, assessment for the Common Expenses of the Condominium (balance includes late fees).

2. The Lakewood Estates Condominium Association, Inc., intends to hold a lien for payment of the assessment against the property commonly known as 1493 Lakewood Lane, Schererville, IN 46375, and legally described as follows:

Unit 3, Building 31, Lakewood Estates Condominium, together with an undivided interest in and to the Common and Limited Common Areas and facilities as described in the Declarations,

which lien shall attach to both the apartment above-described and its appurtenances.

3. The amount claimed under this statement is Two Thousand Eight Hundred Thirty Nine (\$2,839.00) Dollars, plus interest thereof at the prevailing statutory rate and the expenses of all proceedings to recover the assessment, including a reasonable attorney's fee.

4. The assessment was due within with the last sixty days.

Lakewood Estates Condominium Association, Inc.

By: [Signature]
Thomas L. Kirsch, its Attorney

Before me the undersigned, a Notary Public for County of Lake, State of Indiana, personally appeared THOMAS L. KIRSCH attorney who, being first duly sworn upon her oath, states that she is duly authorized by the Lakewood Estates Condominium Association, Inc., to execute this instrument on its behalf, and further that the facts alleged herein are true. Signed and sealed this 17 day of December, 2007.

SUZETTE DAVIS-YOUNG
Lake County
My Commission Expires
June 13, 2015

My commission expires 6/13/15 County of Residence: Lake, Notary Public

I hereby certify that I have this _____ day of _____, 2007, mailed a duplicate of this sworn statement and notice by United States mail, first class, postage prepaid, to Dimitra Koutropoulos at 1493 Lakewood Lane, Schererville, IN 46375.

Recorder, Lake County, Indiana

By: _____
Deputy Recorder

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Thomas L. Kirsch.

This instrument was prepared by: Thomas L. Kirsch, 131 Ridge Rd., Munster, IN 46321, Atty. No. 5224-45

[Handwritten mark]

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addm
2/16/74 #
c.v.200