

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2008 021542

2008 MAR 26 PM 2:05

MICHAEL A. BROWN
RECORDER

**SWORN STATEMENT AND NOTICE
INTENTION TO HOLD ASSESSMENT LIEN**

OWNER: Mr. Derek Ryband
9810 Wildwood Circle, Unit 2A
Munster, Indiana 46321

CLAIMANT: Wildwood of Munster Condominium Assoc., Inc.
c/o Thomas L. Kirsch, Attorney
131 Ridge Road
Munster, Indiana 46321

The undersigned, being first duly sworn, states that:

1. The above-named owner is in default upon the balance of \$5,516.00 for December 31, 2005 through March 20, 2008, assessment for the Common Expenses of the Condominium.

2. The Wildwood of Munster Condominium Assoc., Inc., intends to hold a lien for payment of the assessment against the property commonly known as 9810 Wildwood Circle, Unit 2A, Munster, Indiana 46321, and legally described as follows:

Unit 2A, Wildwood of Munster 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 Five Thousand Five Hundred Sixteen (\$5,516.00) 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.

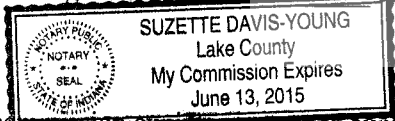
4. The assessment was due within with the last sixty days.

Wildwood of Munster Condominium Assoc., Inc.

By: Thomas J. Schab
Thomas J. Schab, its Attorney

Before me the undersigned, a Notary Public for County of Lake, State of Indiana, personally appeared Attorney Thomas J. Schab, who, being first duly sworn upon his oath, states that he is duly authorized by the Wildwood of Munster Condominium Assoc., Inc., to execute this instrument on its behalf, and further that the facts alleged herein are true.

Signed and sealed this 20 day of March, 2008.



Suzette Davis-Young
Notary Public

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

I hereby certify that I have this ___ day of ___, 2008, mailed a duplicate of this sworn statement and notice by United States mail, first class, postage prepaid, to Mr. Derek Ryband, 9810 Wildwood Circle, Unit 2A, Munster, Indiana 46321.

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 J. Schab of Thomas L. Kirsch & Associates, P.C.

This instrument was prepared by: Thomas J. Schab of Thomas L. Kirsch & Associates, P.C.
131 Ridge Rd., Munster, IN 46321, Atty. No. 23264-45

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