STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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MICHAEL A. BROWN RECORDER

## NOTICE OF LIEN FOR DELINQUENT SEWER ACCOUNT

## TO THE RECORDER OF LAKE COUNTY, INDIANA:

Pursuant to IC 36-9-23, the undersigned Office Manager of Lake Dalecarlia Regional Waste District, a municipal corporation formed and acting pursuant to IC 13-26, hereby submits its notice of intention to hold a lien for delinquent sewer fees and penalties on the following described real estate, in the itemized amount shown below, plus delinquencies accruing thereafter until this lien is released, to-wit:

Legal description: DALECARLIA BLOCK 28 L.41 BL.28

Old Property Key Number: 02-03-0157-0048

New Property Key Number: 45-19-01-304-007.000-007 Owner(s): LEO & KATHERINE BRESKI

Property address: 15411 COLFAX STREET, LOWELL, IN 46356 Mailing Address: 1434 STANLEY BLVD., CALUMET CITY, IL 60409

Account Number: 66273700 Delinquency date: 09-21-2008

Delinquent Sewer fees: . . . . 225.88 Delinquent Stormwater surcharge... 0.00 00.0Lien recording fee: 11.00 Lien Release recording fee: Certification fee: Statutory service charge. Document is the prop the Lake County Recorde<sup>297.48</sup> TOTAL:

The undersigned further states that the amount of said delinquencies and penalties so submitted are true and correct computations as shown in the records of Lake Dalecarlia Regional Waste District, Lowell, Indiana,

and that no payment therefor has been received.

ole Walkowiak, Office Manager telephone: (219) 696-4035

STATE OF INDIANA COUNTY OF LAKE

CAROL WHITE Lake County
My Commission Expires July 15, 2016

Before me, a Notary Public in and for said County and State, personally appeared Nicole Walkowiak, who acknowledged the execution of the foregoing Notice of Lien for Delinquent Sewer Account, and who, having been duly sworn, under the penalties of perjury, stated that the facts and matters therein set forth are true and correct, this 35 day of Sestantee

My Commission Expires: July 15, 2016

Resident of Lake County, Indiana

Carol White, Notary Public

Pursuant to IC 36-2-11-15, 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.

Signature (

Date signed: 9

Nicole Walkowiak Printed:

Return this document to: Lake Dalecarlia Regional Waste District

15901 Briargate Place Lowell,Indiana 46356

This instrument prepared by Timothy R. Sendak, Attorney at Law 209 South Main Street, Crown Point, Indiana 46307

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