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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 44 ALL LOTS 6,7,8 BL.44

Old Property Key Number: 02-03-0177-0007

New Property Key Number: 45-19-12-154-006.000-007 Owner(s): MARTIN L. DIETZ

Property address: 6215 MAIN STREET, LOWELL, IN 46356 Mailing Address: 6215 MAIN STREET, LOWELL, IN 46356

Account Number: 46250900 09-21-2008 Delinquency date:

Delinquent Sewer fees: . . 225.88 Penalties (10%): . . . . . . . . . 22.60 Delinquent Stormwater surcharge. 0.00Penalties: . . . . . . 0.00 11.00 Lien Release recording fee: Certification fee: .... Statutory service charge: 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.

Nicole Walkowiak, Office Manager

STATE OF INDIANA COUNTY OF LAKE

CAROL WHITE 1010 pne: (219) 696-4035 **Lake County** July 15, 2016

Before me, a Notary rubne 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

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: / (

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