

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 045437

2009 JUL -7 AM 8:41

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

MICHAEL A. BROWN
RECORDER

OWNER: James S. Karnavas
540 Cambridge Crt, Unit 2-B
Munster, IN 46321

CLAIMANT: CAMBRIDGE COURT CONDOMINIUMS
c/o Thomas J. Schab, 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 \$1,900.00 for January 1, 2008 through June 1, 2009, assessment for the Common Expenses of the Condominium.

2. The Cambridge Court Condominiums, intends to hold a lien for payment of the assessment against the property commonly known as 540 Cambridge Crt, Unit 2-B, Munster, IN 46321, and legally described as follows:

Cambridge Court Condominiums Building # 11, Unit 2-B, together with an undivided interest in and to the Common and Limited Common Areas and facilities as described in the Declarations, Parcel Number: 45-06-25-226-062.000-027

which lien shall attached to both the property above-described and its appurtenances.

3. The amount claimed under this statement is One Thousand Nine Hundred (\$1,900.00) 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.

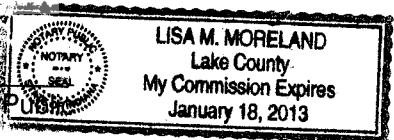
4. The assessment was due within with the last sixty days.

Cambridge Court Condominiums
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 Thomas J. Schab, attorney who, being first duly sworn upon his oath, states that he is duly authorized by the Cambridge Court Condominiums, to execute this instrument on its behalf, and further that the facts alleged herein are true.

Signed and sealed this 25th day of June, 2009.

Lisa M. Moreland
LISA M. MORELAND, Notary Public
County of Residence: Lake County



My commission expires January 18, 2013

I hereby certify that I have this _____ day of _____, 2009, mailed a duplicate of this sworn statement and notice by United States mail, first class, postage prepaid, to James S. Karnavas, 8909 Ascot Court, Orland Park, IL 60462.

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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CK 26137
RM