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MICHELLE P. FAJMAN
RECORDER

SWORN STATEMENT OF INTENTION TO HOLD LIEN

To: **Jennifer K. Cole**
2599 Brookwood Dr.
Crown Point, IN 46307

STATE OF INDIANA, COUNTY OF LAKE, SS:

The undersigned, being first duly sworn, makes and acknowledges this sworn statement of intention to hold a lien upon the property described below and says that:

1. The undersigned, Lakes of the Four Seasons Property Owners' Association, Inc., an Indiana Corporation, 1048 Lakeshore Drive, Crown Point, Indiana, 46307, intends to hold a lien on land legally described as follows:

Lot 69, Bldg. 13, Parcel 4, Four Seasons Town Houses, Tract 106, Lakes of the Four Seasons, as shown in Plat Book 49, page 139, and amended by amended plat as shown in Plat Book 51, Page 44, being part of tract 106, Lakes of the Four Seasons, Unit No. 1, as shown in Plat Book 37, page 63, in Lake County, Indiana. Commonly known as 2609 Knollwood Street, Crown Point, IN 46307 as well as on all buildings, other structures and improvements located thereon or connected therewith.

2. The amount claimed under this statement is **One Thousand Eight Hundred Eleven Dollars and 60/100 (\$1,811.60)**, plus interest thereon.

3. This lien is in accordance with the terms and conditions in paragraph 1.3.3.4 of the Restrictive Covenants of Lakes of the Four Seasons as recorded in the Office of the Recorder of **Lake**, County, Indiana.

Lakes of the Four Seasons
Property Owners' Association, Inc.

By:

Richard G. Cleveland
Richard G. Cleveland

Subscribed and sworn to before me, a Notary Public, in and for said County and State, by Richard G. Cleveland, Community Manager of Lakes of the Four Seasons Property Owners Association, Inc., this

31 day of August, 2010. Witness my hand and notarial seal.

Caryn L. Whitehead
Caryn L. Whitehead, Notary Public

My Commission Expires: February 21, 2017 Resident County: Lake

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.

Caryn L. Whitehead

I hereby certify that I have this ___ day of _____, 2010, mailed a duplicate of this notice, first-class postage prepaid, to the within named property owner at _____.

Recorder of _____ County, Indiana

This Instrument prepared by : Theodore A. Fitzgerald, P.O. Box 98, Hebron, IN

This communication is from a Debt Collector.

This is an attempt to collect a debt and any information obtained will be used for that purpose.

AMOUNT \$ 11⁰⁰
CASH _____ CHARGE _____
CHECK # 39081
OVERAGE _____
COPY _____
NON-COM _____
CLERK RM

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