

FILED FOR RECORD

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REC'D

NOTICE TO OWNER OF DELIVERY AND EXISTENCE OF LIEN RIGHTS
THIS IS ONLY A NOTICE

NAME OF OWNER (S): Donald A & Kerri L. Veronesi
GRANTEE ADDRESS (S): 496 O'Hagan Dr.
Crown Point, IN. 46307

OBJECT LEGAL ADDRESS: Lot 104, Schmidt Farms, Phase 2, in Lake County, Indiana as per Plat thereof, recorded in Plat Book 98, Page 14 in the Office of the Recorder of Lake County, Indiana.

COMMONLY KNOW AS: 12633 Massachusetts St., Crown Point

CONTRACTOR: Veronesi Carpentry Services

NOTICE IS GIVEN PURSUANT TO INDIANA LAW AND DOES NOT REFLECT ADVERSELY ON YOU OR YOUR CONTRACTOR

Please take notice that Von Tobel Corporation has furnished materials to the contractor or a subcontractor for use in the above described construction or remodeling project of which you are the owner and/or actual or intended occupant.

Such materials were furnished by Von Tobel Corporation to the project and consist of building materials. This notice is provided in compliance with Indiana Statute Indiana Code Section 32-8-3-1 regarding payment to subcontractors and material suppliers and permitting the filing of a mechanic's lien against real estate in the event of nonpayment.

WARNING TO OWNER: THIS NOTICE IS REQUIRED BY THE INDIANA CONSTRUCTION LIEN ACT. IF YOU HAVE QUESTIONS ABOUT YOUR RIGHTS AND DUTIES UNDER THIS ACT, YOU SHOULD CONTACT AN ATTORNEY TO PROTECT YOU FROM THE POSSIBILITY OF PAYING TWICE FOR THE IMPROVEMENTS TO YOUR PROPERTY.

VON TOBEL CORPORATION
751 E. US RT. 30
P.O. Box 465
Schererville, IN 46375

BY: Tim Ault
Tim Ault
Manager/Owner

STATE OF INDIANA)
COUNTY OF LAKE) SS

Before me, a Notary Public in and for said County and State, appeared Tim Ault and acknowledged the execution of the foregoing document.
Dated this 2nd day of December, 2010

My commission expires:
06/10/16

Janet F. Hardiman
Janet F. Hardiman
A resident of Lake County, IN

THIS INSTRUMENT PREPARED BY:
Janet Hardiman Von Tobel Corporation
751 E. US RT. 30,
PO Box 465 Schererville, IN 46375

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.

Tim Ault

AMOUNT \$ 11.00
CASH CHARGE _____
CHECK # _____
OVERAGE _____
COPY _____
NON-COM _____