SWORN STATEMENT AND NOTICE OF ASSESSMENT

To: TONY NESTOROVSKI & MARIA L. NESTOROVSKI
8691 Calhoun Place
Crown Point, IN 46307

You are hereby notified that Springrose Heath Townhomes Homeowners Association, Inc.is filing a notice of assessment and hereby creates a lien on land commonly known as 8691Calhoun Place, Crown Point, Lake County, Indiana, and legally described as follows:

> Lot 24, Springrose Heath Subdivision, Building 6, Unit 24
> (a Planned Unit Development) as per plat
> thereof, recorded in Plat Book 78 page 69 in
> the Office of the Recorder, Lake County,
> Indiana.

as well as on all buildings, other structures and improvements located thereon or connected therewith for the sum of Six Hundred ($600.00) Dollars together with interest accruing at the rate of twelve percent (12%) per annum, compounded monthly, attorneys fees of not less than One Hundred ($100.00) Dollars representing delinquent homeowners association dues, interest and attorneys fees; and additional association dues and late fees accruing until lien is fully satisfied, all pursuant to Article VI-B of the Property Owners Declaration recorded August 22, 1995 as Document No. 95047988 in the Office of the Recorder of Lake County, Indiana. The undersigned individual executing this instrument, having been duly sworn upon his oath, under the penalties of perjury hereby states that Springrose Heath Townhomes Homeowners Association, Inc., intends to hold a lien upon the above described real estate and that the facts and matters set forth in the foregoing statement are true and correct.

2010 0073940

Charles Kenny - President

ATTEST:

Susan M. Bristow, Secretary

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared, CHARLES KENNY AND SUSAN M. BRISTOW, President and Secretary, respectively, of Springrose Heath Townhomes Homeowners Association, Inc. who acknowledge the execution of the foregoing Sworn Statement and Notice of Assessment, and who, having been duly sworn, under the penalties of perjury, stated that the facts and matters therein set forth are true and correct.

WITNESS MY HAND AND NOTARIAL SEAL this__10th__day of December, 2010.

Valerie M. Gilbert - Notary Public

Official Seal
VALERIE M. GILBERT
Lake County, IN
My Commission Expires
April 25, 2017

My Commission Expires: 4-25-17
County of Residence: 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.

PREPARED BY: Chuck Kenny, 6369 W. 86th Court, Crown Point, IN 46307

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