

2011 025073

2011 MAY -4 PM 4:09

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

MICHAEL J. HADIMAN
RECORDER

NAME OF OWNER (S): Donald S. Nowinski & Alison J. Byrne
GRANTEE ADDRESS (S): 1640 White Oak Circle
Munster, IN. 46375

LEGAL ADDRESS: Lot 11 Fawn Valley
As recorded in the Office of the Assessor of Lake County, Indiana
Parcel # 45-11-14-178-006.000-036

COMMONLY KNOW AS: 7207 Fawn Valley Dr. Schererville, Indiana

CONTRACTOR: Pebblebrooke Homes

**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.

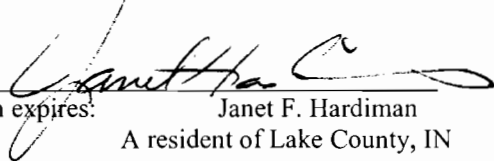
VON TOBEL CORPORATION
751 E. US RT. 30
P.O. Box 465
Schererville, IN 46375

BY: 
Tim Ault
Manager/Owner

STATE OF INDIANA)
COUNTY OF LAKE) SS

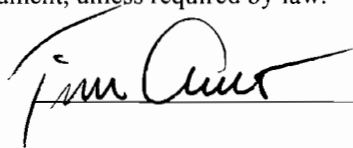
Before me, a Notary Public in and for said County and State, appeared
Tim Ault and acknowledged the execution of the foregoing document.
Dated this 4th day of May, 2011

My commission expires:
6/10/16


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.



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