SWORN STATEMENT AND NOTICE OF ASSESSMENT

10:	8641 Calhoun Place		
	Crown Point, IN 46307	,	N
	You are hereby notified nent and hereby creates a , and legally described a	d that Springrose Heath Townhomes Homeowners A a lien on land commonly known as 8641Calhoun Pla as follows:	association, Inc.is filing a notice of ace, Crown Point, Lake County,
		Lot 11, Springrose Heath Subdivision, Unit 6 (a Planned Unit Development) as per plat thereof, recorded in Plat Book 78 page 69 in the Office of the Recorder, Lake County, Indiana.	026127
Hundre monthly dues, in pursuan Office sworn to Associa	d (\$800.00) Dollars togo y, attorneys fees of not atterest and attorneys fees at to Article VI-B of the of the Recorder of Lake upon his oath, under the	er structures and improvements located thereon or coether with interest accruing at the rate of twelve perceless than One Hundred (\$100.00) Dollars representings; and additional association dues and late fees accruing Property Owners Declaration recorded August 22, 1 County, Indiana. The undersigned individual execuing penalties of perjury hereby states that Springrose Held a lien upon the above described real estate and that discorrect.	ent (12%) per annum, compounded ng delinquent homeowners association ing until lien is fally satisfied; all 995 as Document No. \$2047988 in the ting this instrument, having been duly eath Townhomes Homeowners in the the facts and matters set forth in the
ATTES	ST:	Document is had	ont y o.
		NOTOFFICIAL	
Susan I	M. Bristow, Secretary	This Decement is the monestry	2
	OF INDIANA)) \$S: TY OF LAKE)	This Document is the property the Lake County Recorder!	OI .
Associa	NM. BRISTOW, Presidention, Inc. who acknowled been duly sworn, under	ablic in and for said County and State, personally appent and Secretary, respectively, of Springrose Heath edge the execution of the foregoing Sworn Statemen the penalties of perjury, stated that the facts and man	Townhomes Homeowners t and Notice of Assessment, and who,
	WITNESS MY HAND	AND NOTARIAL SEAL this day of May, 20	11.
•	mmission Expires: 4-25 of Residence: La	2 2 3 KAU 2 2	Official Seal VALERIE M. GILDERT Resident of Lake County My commission expires April 25, 2017
I affirm		perjury, that have taken reasonable care to redact	each Social Security number in this
		ny, 6369 W. 86 th Court, Crown Point, IN 46307	AMOUNT \$ CHARGE CHECK # OVERAGE COPY