

## 2011 028242

2011 MAY 20 PM 2: 00

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

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NAME OF OWNER (S):

Patrick S. & Lori A Moore, H & W

GRANTEE ADDRESS (S):

124 Cypress Dr.

Schererville, IN. 46375

LEGAL ADDRESS:

The Enclave Unit 4 Phase 1 Lot 204 as per plat thereof, recorded in Plat Book 104, Page 80, as recorded in the Office of the Assessor of Lake County,

Indiana . Parcel # 45-10-36-252-002.000-032

COMMONLY KNOW AS:

14857 85th Ave., Dyer, IN. 46311

CONTRACTOR:

Visionary Vangard, Inc.

## NOTICE IS GIVEN PURSUANT TO ÍNDIANA LAW AND DOES NÒT 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

Scherewille, IN 46375

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 20th 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.

CHECK #\_\_\_ OVERAGE\_ COPY\_ NON-COM \_ CLERK \_\_\_