

## 2011 043212

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MICHAECORDER

## SWORN STATEMENT OF INTENTION TO HOLD LIEN

To: Robert DeNardo 616 Birch Lowell, IN 46356

## STATE OF INDIANA, COUNTY OF LAKE, SS:

The undersigned, being first duly sworn, makes and acknowledges this sworn statement of intention to hold a lien upon the property described below and says that:

1. The undersigned, Courtyards of Meadowbrook Property Owners' Association, Inc., an Indiana Corporation, P. O. Box 344, Lowell, Indiana, 46356, intends to hold a lien on land legally described as follows:

Lot 51, Meadowbrook Phases 3, 4, and 5 in the Town of Lowell as per plat thereof, recorded in Plat Book 80, Page 90 in the Office of the Recorder of Lake County, Indiana.

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as well as on all buildings, other structures and improvements located thereon or connected therewith. <b>Commonly known as:</b> 616 Birch, Lowell, IN 46356
2. The amount claimed under this statement is Seven Hundred Fifty-Seven Dollars & 00/100 (\$757.00).  This Document is the property of
3. This lien is in accordance with the terms and conditions in Article 9 Section 4 of the Restrictive Covenants of Courtyards of Meadowbrook as recorded in the Office of the Recorder of Lake County, Indiana
Courtyards of Meadowbrook Property Owners' Association, Inc.  By:  President
Subscribed and sworn to before me, a Notary Public, in and for said County and State, by FITZMPORICE, President of Courtyards of Meadowbrook Property Owners' Association, Inc., on this GTA day of July, 2011. Witness my hand and notarial seal.
My Commission Expires:  Notary Public  Resident County:  Notary Public
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.
I hereby certify that I have this day of, 200, mailed a duplicate of this notice, first-class postage prepaid, to the within named property owner at
Recorder of County, Indiana
This Instrument prepared by : Theodore A. Fitzgerald, (6903-64), P.O. Box 98, Hebron, IN 46341

AMOUNT \$ 11.01

AMOUNT \$ 1 00

CASH \_\_\_\_\_CHARGE \_\_\_\_
CHECK # 10590

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