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MICHAEL J. STOCHEL

SWORN STATEMENT OF INTENTION TO HOLD LIEN

**TO: LIONEL BARRERA
841 SUMMIT PARK COURT NORTH
CROWN POINT, IN 43607**

STATE OF INDIANA, COUNTY OF LAKE, SS:

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

1. Summit Park Condominiums Property Owners Association, Inc., an Indiana Corporation, intends to hold a lien on land legally described as follows:

Summit Park Condominiums, Unit 841 Building 5, Unit 1 as created by Declaration recorded July 3, 1984 in Misc Record, Key No.23-09-0440-002, and all subsequent corrections and Amendments thereto.

and more commonly known as 841 Summit Park Court North, Crown Point, IN..

2. The amount claimed under this statement is **One Thousand Eight-five Dollars** (\$1,485.00), plus interest, monthly assessments, additional late charges after, plus attorney fees.

SUMMIT PARK CONDOMINIUM PROPERTY OWNERS ASSOCIATION, INC.

BY: Virginia Spencer
Virginia Spencer
ITS: Secretary/Treasurer

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.

Robert E. Stochel
Robert E. Stochel

STATE OF INDIANA, COUNTY OF LAKE) SS: INDIANA

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this 17th day of August 2011. Witness my hand and notarial seal.

ROBERT E. STOCHEL
Notary Public - Seal
State Of Indiana
My Commission Expires **May 27, 2016**
Commission Expires: 05/27/2016
Resident County: Lake

Robert E. Stochel
Robert E. Stochel, Notary Public

I hereby certify that I have this _____ day of _____, 2011, mailed a duplicate of this notice, first-class postage prepaid, to the within named property owner at 841 Summit Park Court North, Crown Point, IN 46307.

Recorder of Lake County, Indiana

Mail a copy to: Robert E. Stochel, One Professional Center, Suite 306, Crown Point, IN 46307



AMOUNT \$ 11.00
CASH _____ CHARGE _____
CHECK # 2599
OVERAGE _____
COPY _____
NON-COM _____
CLERK UR