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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 046807

2011 AUG 26 AM 9:38

MICHELLE R. FAJMAN
RECORDER

Recording requested by: Ridgewood Townhomes
When recorded, mail to:
Name: REGINA ZIEBA, PRESIDENT
Ridgewood Town Homes
Owners Assoc.
P.O. Box 2573
Hammond, IN 46323

Space above reserved for use by Recorder's Office
Document prepared by:
Name SHIRLEY WOODEN, TREASURER
Address PO BOX 2573
City/State/Zip HAMMOND 46323

Claim of Lien

State of INDIANA
County of LAKE

Document is
NOT OFFICIAL!

I, Ridgewood TOWNHOMES, being duly sworn, state the following:
In accordance with an agreement to provide labor and/or material, I did furnish the following labor and/or materials: NON-PAYMENT OF MONTHLY ASSESSMENT FEES PLUS ANY LATE CHARGES, LAWYERS FEES & COURT COSTS (500.00 AS OF AUG. 10, 2011 PLUS 13.00 LIEN FEE)

on the following described real property located in LAKE County, State of INDIANA, commonly known as:

RIDGEWOOD TOWNHOMES
and legally described as: RIDGEWOOD TOWNHOMES UNIT 15 - BLDG. 4 (.020AC.) (PARCEL # 45-07-10-327-015-000-023)

which property is owned by MITCHELL K. BALES, whose address is 7047 MONTANA CT. HAMMOND - 46323, of a total value of \$ _____, of which there remains unpaid \$ 51300, and I further state that I furnished the first of the items on the date of _____, and the last of the items on _____

★NOVA LF136 Claim of Lien Pg.1 (08-09)

13.00
0268
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the date of _____.

I hereby, under the laws of the State of INDIANA, claim a lien against the above-described property in the amount of money, stated above, which remains unpaid to me.

Regina Zieba

REGINA ZIEBA, PRESIDENT

Shirley Wooden

SHIRLEY WOODEN, TREASURER

Signature of Person Claiming Lien

Name of Person Claiming Lien

Address of person claiming lien: P.O. Box 2573 HAMMOND, IN 46323

On August 18, 2011, Regina Zieba and Shirley Wooden came before me personally and, under oath, stated that he/she is the person described in the above document and that he/she signed the above document in my presence.

[Signature]
Notary Signature

Notary Public,

In and for the County of Lake State of Indiana

My commission expires: July 19, 2017 Seal

CERTIFICATE OF MAILING

I, _____, certify that on this date, _____, I have mailed a copy of this Claim of Lien by USPS certified mail, return receipt requested, in accordance with the law, to:

Name: _____

Address: _____

Date: _____

Signature of Person Mailing Claim of Lien

Name of Person Mailing Claim of Lien