

2

Notice of Lien to a Condominium Unit Owner for Unpaid Assessment Fees

Notice is hereby given that the undersigned OAK MANOR CONDO ASSN (e.g., Name of Condominium Association), whose mailing address is 1440 HAMPTON CT. Schererville, IN 46375 (Post Office Box Number or Street Address, City, State, Zip Code) hereby claims and intends to hold and claim a lien upon that certain Condominium Unit and interest in common areas owned by KRISTIN ANAM STEELE (Name of Unit Owner) situated in LAKE COUNTY INDIANA (Name of County and State), being more particularly described as follows:

(Insert Legal Description) 1832 BURGUNDY Schererville, IN 46375

The purpose of this lien is to secure payment of assessments in the sum of \$ 1490<sup>00</sup> due on September 20, 2011 (Date) and owing to the undersigned OAK MANOR CONDO ASSN. (e.g., Name of Condominium Association). The total amount due as of SEPTEMBER 20, 2011 (Date) is \$ 1290<sup>00</sup> and there will be additional charges for collection fees and ongoing maintenance.

Said indebtedness accrued and the undersigned furnished services pursuant to the OAK MANOR CONDO ASSN. DECLARATION (e.g., Declaration of Condominium) and any amendments thereto filed by the OAK MANOR CONDO ASSN. (e.g., Name of Condominium Association) in Book \_\_\_\_\_ at Page \_\_\_\_\_ of the

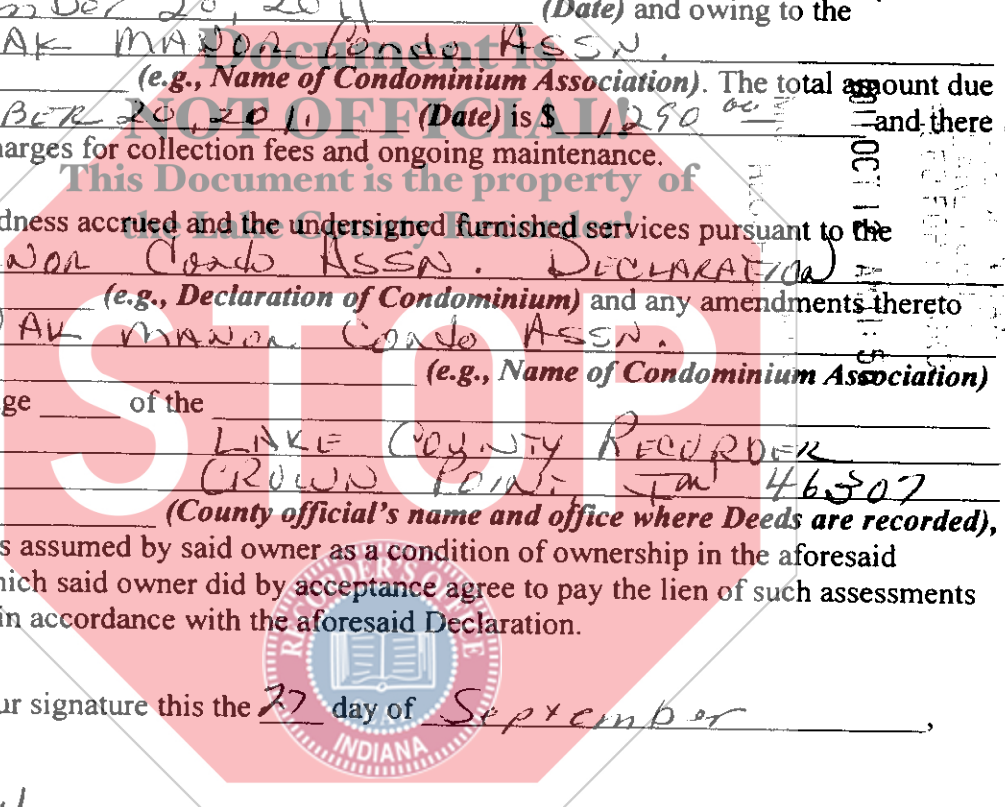
LAKE COUNTY RECORDER CROWN POINT, IN 46507 (County official's name and office where Deeds are recorded),

which obligation was assumed by said owner as a condition of ownership in the aforesaid condominium for which said owner did by acceptance agree to pay the lien of such assessments as they become due in accordance with the aforesaid Declaration.

WITNESS our signature this the 27 day of September, 2011.

AMOUNT \$ 14-  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 1327  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM   
CLERK SS

OAK MANOR CONDO ASSN  
(Name of Condominium Association)



11 056609

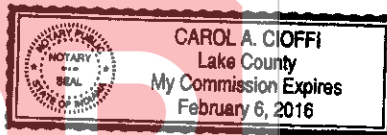
By Gail E. Harris  
PRESIDENT  
(Name and Office in Association)

STATE OF Indiana  
COUNTY OF Lake

Personally appeared before me, the undersigned authority in and for said County and State, on this September 27, 2011 (Date), within my jurisdiction, the within named Gail E. Harris (Name of Officer), who acknowledged that he is the President (Name of Office), of DALE MANOR Cndo ASSN (name of corporation), a INDIANA (name of state) corporation, and that he executed the above and foregoing instrument for and on behalf of said corporation, after being duly authorized so to do.

Document is NOT OFFICIAL!  
This Document is the property of the Lake County Recorder!  
Carol A. Cioffi  
NOTARY PUBLIC

My Commission Expires: 02-06-16



Note: (Form of acknowledgement/oath may vary from state to state)

"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."

PREPARED BY: [Signature]

