2

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

| Notice is hereby given that the undersigned AL MANON GNOS | |
|---|-------------|
| Association) whose mailing address is 16/10 deep., Name of Con | dominium |
| Association), whose mailing address is 1940 + AMPTON OF | |
| | 2 |
| Street Address, City, State, Zip Code) hereby claims and intends to hold and claim a lithat certain Condominium Unit and interest in common areas owned by MURK | en upon |
| situated in LAKE COUNTY TO Name of Un | _ |
| (Name of County and State), being more particularly described as follows: | <u>5</u> |
| the bearing more particularly described as follows: | <u>2</u> |
| (Insert Legal De <u>scr</u> iption) | |
| 1821 Buice on by | 2 |
| Scherer ville, IN 463 | |
| Sentre dille, IN 465 | 75 |
| The purpose of this lien is to secure payment of assessments in the sum of \$ \(\frac{1}{2} \) | 000 |
| undersigned (Date) and owing to the | |
| undersigned OAL MADOR CONO ACED TO THE | <u> </u> |
| as of September 20 (Date) is \$ 16220 will be additional charges for collection fees and ongoing maintenance. | nount-due |
| of additional charges for confection tees and ongoing maintenance. Of | |
| Said indebtedness accrued and the undersigned furnished services pursuant to the ALC MANON CONDO ASSA. DECLAR OF LO | ie 55 6 |
| (e.g., Declaration of Condominium) and any amondary | |
| The by the CAUDO ASSA | |
| in Book at Page of the (e.g., Name of Condominium Ass | ociation) |
| | |
| LAKE COUNTY RECORDET | |
| (ROUN ADINIT IN 46. | 27 |
| which obligation was assumed by said owner as a condition of ownership in the aforesa condominium for which said owner did by acceptance agree to pay the lien of such asse | • |
| as they become due in accordance with the aforesaid Declaration. | Sincing |
| WITNESS our signature this the 27 day of September 1. | |
| AMOUNT \$ 14 - CASHCHARGE (Name of Condominium Association) OVERAGE COPY NON-COM | SSN , |
| CLERK_ST | |

By Secretary (Name and Office in Association)

| | | |
|--|------------------------|--|
| STATE OF | 7 | |
| COUNTY OF Lake | | |
| | | |
| Personally appeared before me | : the undersigned auth | ority in and for said County and |
| State, on this September | -27 2011 | (Date), within my jurisdiction, the |
| within named Sale | Harris | (Name of Officer), |
| who acknowledged that he is the | President | (Frame of Officer), |
| (Name of Office), of OR MO | Mor Condo | ASSOC |
| (name of corporation), a | Endiana | (|
| of state) corporation, and that he execu | ited the above and for | egoing instrument for and on behalf |
| of said corporation, after being duly au | thorized so to do. | .S |
| NOT | COFFICI | ATA |
| | | 1000 Male |
| This Docu | iment is the pro | With Coffee |
| the Lal | ke County Reco | order! |
| | * | |
| My Commission Expires: | | CAROL A. CIOFFI |
| 02-06-16 | | Lake County My Commission Expires |
| | | February 6, 2016 |
| Note: (Form of acknowledgement/oath | h may vary from state | to state) |
| | | |
| | | |
| | "I AF | FIRM, UNDER THE PENALTIES FOR |
| | LEHUI CONTEHUI | UHY, THAT I HAVE TAKEN REASON. |
| | SECU | CARE TO REDACT EACH SOCIAL RITY NUMBER IN THIS DOCUMENT, |
| | ONLE | SS REQUIRED BY AW." |
| | PREPA | RED BY: |
| | OM DEL SE | |