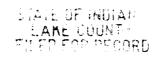


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When recorded, mail to: The Islands of Barrington Ridge

Name: Townhomes Association, Inc.

Address: P.O. Box 134

City/State/Zip: Hobart, IN 46342

Document prepared by:

Name: The Islands of Barrington Ridge Townhomes Assoc., Inc.

Address: P.O. Box 134

City/State/Zip: Hobart, IN 46342

## Claim of Lien

State of Indiana

**County of Lake** 

I the treasurer of the Islands of Barrington Ridge Townhomes Association, Inc., 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: delinquent quarterly dues for the common area maintenance and repairs as stated in the by-laws of the covenants and restrictions 94014409 dated the 17<sup>th</sup> day of February, 1994 of the Islands of Barrington Ridge Townhomes Association, Inc. et ...

on the following described real property located in Lake county, State of Indiana, commonly known as:

1492 Lake St. Hobart, IN 46342 and legally described as: Barrington Ridge Unit 3 N'LY 32.58FT OF 45-13-05-302-004.000-018 27-17-0292-0050

which property is owned by Charlene R Boca 1492 Lake St. Hobart, IN 46342, of a total value of \$400.00, of which there remains unpaid \$400.00, and I further state that I furnished the first of the items on the date of July 1,2011 and the last of the items on the date of October 1, 2011.

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.

**Signature of Person Claiming Lien** 

Vice President of The Islands of Barrington Ridge Townhomes Association, Inc.

Name of person Claiming Lien

Address of person claiming lien: P.O Box 134 Hobart, IN 46342

CHECK #

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CLERK.

On	ElAINE Chen	came before me
personally and, under oath, stated that she is		
signed the above document in my presence.		
) die X		
Notary Signature		
Notary Public,	//	
In and for the county of	_ State of	MARKET THE STATE OF THE STATE O
My commission expires: /2/s/19	ocument is	
CERTIFICATE OF MAILING NOT	OFFICIAL!	
I, of the Islands of Barringt certify that on this date, I have	on Ridge Townhomes Association, e County Recorder!	inc.,
return receipt requested, in accordance with		
Name: Kimberly R Dominguez		
Address: 1516 Coral Cove Hobart, IN 46342		
Date: 1/22/12	Townhomes Association Inc.,	s of Barrington Ridge
Signature of Person Mailing Claim of Lien	Name of Person Mailing C	laim of Lien
	O NOIAN AND THE	
PERJURY, THAT I F ABLE CARE TO R	R THE FENALTIES FOR HAVE TAKEN REASON- EDACT EACH SOCIAL R IN THIS DOCUMENT. D BY LAW."	