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STATE OF INDIANA  
LAKE COUNTY  
REC'D FOR RECORD

2012 008453

2012 FEB -1 PM 12: 53

MICHELLE B. FAIVAN  
RECORDER

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 Wendy 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.

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

1561 Lake St. Hobart, IN 46342 and legally described as: Barrington Ridge Unit 3 E'LY PT of lot 2 45-13-05-306-027.000-018 27-17-0292-0030

which property is owned by Amanda M Isakson, whose address is 1561 Lake St. Hobart, IN 46342, of a total value of \$510.00, of which there remains unpaid \$510.00, 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.

Elaine Chinn  
Signature of Person Claiming Lien

Wendy 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

AMOUNT \$ 13  
CASH  CHARGE   
CHECK # 1527  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK MB/Cox

On 1/19/12, Eloise Clark came before me personally and, under oath, stated that she is the person described in the above document and that 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: 12/18/19

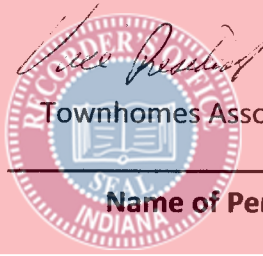
CERTIFICATE OF MAILING

I, [Signature] of the Islands of Barrington Ridge Townhomes Association, Inc., certify that on this date, 1/18/19, I have mailed a copy of this Claim of Lien by USPS certified mail, return receipt requested, in accordance with the law, to:

Name: Amanda M Iskason  
Address: 1561 Lake St. Hobart, IN 46342  
Date: 1/22/12

[Signature] of the Islands of Barrington Ridge Townhomes Association Inc.,

[Signature]  
Signature of Person Mailing Claim of Lien



Name of Person Mailing Claim of Lien

"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]

