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MICHELLE STAJMAN

**SWORN STATEMENT AND NOTICE OF ORDER
INTENTION TO HOLD ASSESSMENT LIEN**

OWNER: SHIRA WOMACK and ANTHONY J. FEURTRADO H & W
1194 TIMBERWOOD LANE
SCHERERVILLE, INDIANA 46375

CLAIMANT: LAKEWOOD ESTATES CONDOMINIUMS
c/o Thomas J. Schab, Attorney
131 Ridge Road
Munster, Indiana 46321

The undersigned, being first duly sworn, states that:

1. The above-named owner is in default upon the balance of ONE THOUSAND SIX HUNDRED FIFTY FOUR AND 00/100 DOLLARS (\$1,650.00) through May 22, 2012, assessment for the Common Expenses of the Condominium, plus finance charges and late fees.

2. LAKEWOOD ESTATES CONDOMINIUMS intends to hold a lien for payment of the assessment against the property commonly known as 1194 TIMBERWOOD LANE, SCHERERVILLE, IN 46375, and legally described as follows:

LAKEWOOD ESTATES CONDOMINIUMS, Building 52, Unit 3, together with an undivided interest in and to the Common and Limited Common Areas and facilities as described in the Declarations,

which lien shall attach to both the property above-described and its appurtenances.

3. The amount claimed under this statement is ONE THOUSAND SIX HUNDRED FIFTY FOUR AND 00/100 DOLLARS (\$1,650.00) through May 22, 2012, plus interest thereof at the prevailing statutory rate and the expenses of all proceedings to recover the assessment, including a reasonable attorney's fee.

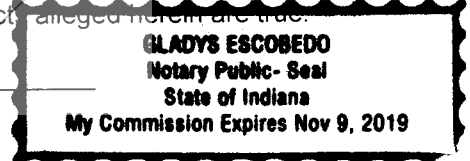
4. The assessment was due within with the last sixty days.

LAKEWOOD ESTATES CONDOMINIUMS
By: Thomas J. Schab
Thomas J. Schab, its Attorney

Before me the undersigned, a Notary Public for County of Lake, State of Indiana, personally appeared Thomas J. Schab, attorney who, being first duly sworn upon his oath, states that he is duly authorized by the LAKEWOOD ESTATES CONDOMINIUMS, to execute this instrument on its behalf, and further that the facts alleged herein are true.

Signed and sealed this 8th day of June, 2012.

Gladys Escobedo
Gladys Escobedo, Notary Public
County of Residence: Lake County



My commission expires: 11/09/2019

I hereby certify that I have this _____ day of _____, 2012, mailed a duplicate of this sworn statement and notice by United States mail, first class, postage prepaid, to SHIRA WOMACK and ANTHONY J. FEURTRADO at property address 1194 TIMBERWOOD LANE, SCHERERVILLE, IN 46375.

Recorder, Lake County, Indiana

By: _____
Deputy Recorder

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. Thomas J. Schab of Thomas L. Kirsch & Associates, P.C.

This instrument was prepared by: Thomas J. Schab of Thomas L. Kirsch & Associates, P.C.
131 Ridge Rd., Munster, IN 46321, Atty. No. 23264-45

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