

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 055705

2012 AUG 17 PM 3:20

MICHAEL AJMAN
RECORDER

NOTICE TO OWNER OF DELIVERY AND
EXISTENCE OF LIEN RIGHTS
THIS IS ONLY A NOTICE

NAME OF OWNER (S) Three Springs Development, Inc
 GRANTEE ADDRESS (S) 434 Brighton Ln.
 Dyer, IN. 46311

LEGAL ADDRESS Three Springs Addition, Phase 2 Lot 140
 As recorded in the Office of the Assessor of Lake County, Indiana
 Property # 45-11-33-480-004 000-035

COMMONLY KNOW AS 10069 Abbey Rd , St John, Indiana

CONTRACTOR Barick Builders, Inc

**NOTICE IS GIVEN PURSUANT TO
INDIANA LAW AND DOES NOT
REFLECT ADVERSELY ON YOU OR YOUR CONTRACTOR**

Please take notice that Von Tobel Corporation has furnished materials to the contractor or a subcontractor for use in the above described construction or remodeling project of which you are the owner and/or actual or intended occupant. Such materials were furnished by Von Tobel Corporation to the project and consist of building materials. This notice is provided in compliance with Indiana Statute Indiana Code Section 32-8-3-1 regarding payment to subcontractors and material suppliers and permitting the filing of a mechanic's lien against real estate in the event of non-payment.

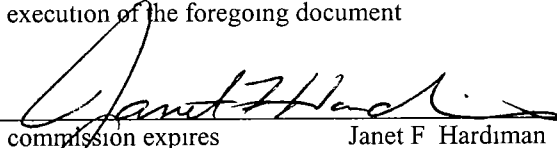
WARNING TO OWNER THIS NOTICE IS REQUIRED BY THE INDIANA CONSTRUCTION LIEN ACT. IF YOU HAVE QUESTIONS ABOUT YOUR RIGHTS AND DUTIES UNDER THIS ACT, YOU SHOULD CONTACT AN ATTORNEY TO PROTECT YOU FROM THE POSSIBILITY OF PAYING TWICE FOR THE IMPROVEMENTS TO YOUR PROPERTY.

VON TOBEL CORPORATION
751 E US RT 30
P O Box 465
Schererville, IN 46375

BY 
Peter L. Lawson
Manager/Owner

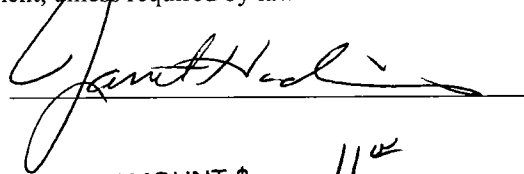
STATE OF INDIANA)
COUNTY OF LAKE) SS

Before me, a Notary Public in and for said County and State, appeared
Peter L. Lawson and acknowledged the execution of the foregoing document
Dated this 17th day of August, 2012


My commission expires 6/10/16 Janet F. Hardiman
A resident of Lake County, IN

THIS INSTRUMENT PREPARED BY
Janet Hardiman Von Tobel Corporation
751 E US RT 30,
PO Box 465 Schererville, IN 46375

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



AMOUNT \$ 1100
CASH _____ CHARGE _____
CHECK # _____
OVERAGE _____
COPY _____
NON-COM _____
CLERK LR

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