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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2012 057348

2012 AUG 23 AM 11:56

RECORDER CLERK

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: The President  
Name: The Islands of Barrington Ridge Townhomes Assoc., Inc  
Address: P O Box 134  
City/State/Zip: Hobart, IN 46342

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### Claim of Lien

State of Indiana

County of Lake

I the president 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 21<sup>st</sup> day of February, 1994 of the Islands of Barrington Ridge Townhomes Association, Inc.

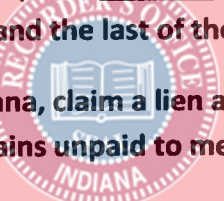
on the following described real property located in Lake county, State of Indiana, commonly known as:

1510 Coral Cove Hobart, IN 46342 and legally described as: Barrington Ridge Unit 3 W'LY PT LOT 10 45-13-05-301-024.000-018 27-17-0292-0057

which property is owned by Barbara Short whose address is 1510 Coral Cove Hobart, IN 46342, of a total value of \$1,400.00, of which there remains unpaid \$1,400.00, and I further state that I furnished the first of the items on the date of January 1, 2011, and the last of the items on the date of July 30, 2012.

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.

Beverly A. Jackson  
Signature of Person Claiming Lien



The 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

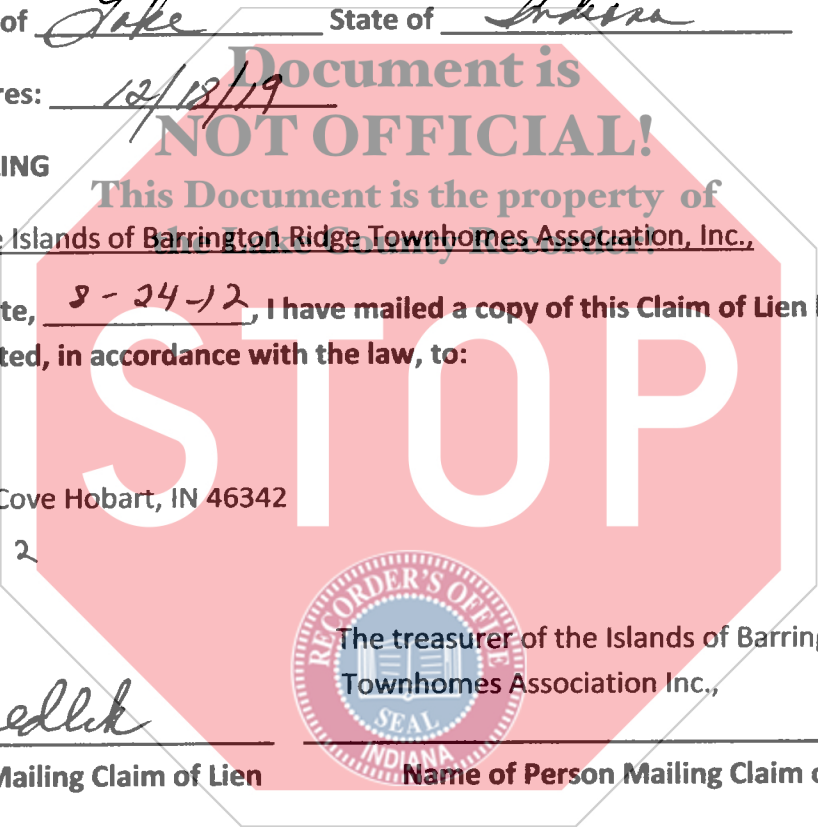
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On August 22, 2012, Beverly Jackson came before me personally and, under oath, stated that she is the person described in the above document and that she signed the above document in my presence.

[Signature]  
Notary Signature

Notary Public,  
In and for the county of Lake State of Indiana

My commission expires: 12/18/19



CERTIFICATE OF MAILING

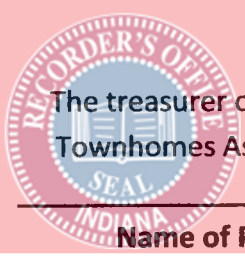
I, The Treasurer of the Islands of Barrington Ridge Townhomes Association, Inc.,

certify that on this date, 8-24-12, I have mailed a copy of this Claim of Lien by USPS certified mail, return receipt requested, in accordance with the law, to:

Name: Barbara Short

Address: 1510 Coral Cove Hobart, IN 46342

Date: 8-23-12



The treasurer of the Islands of Barrington Ridge Townhomes Association Inc.,

Bill Sedlak

Signature of Person Mailing Claim of Lien

Name of Person Mailing Claim of Lien