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When recorded, mail to: The Islands of Barrington Ridge

Name Townhomes Association, Inc.

Address: PO Box 134

City/State/Zip: Hobart, IN 46342

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Document prepared by: The President

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

Address: PO Box 134

City/State/Zip: Hobart, IN 46342

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 21st day of February, 1994 of the Islands of Barrington Ridge Townhomes Association, Inc.

on the following described real property located in <u>Lake_county</u>, State of <u>Indiana</u>, commonly known as:

1534 Lake St. Hobart, IN 46342 and legally described as: Barrington Ridge Unit 3 S'LY 32.62FT of 45-13-05-301-032.000-018 27-17-0292-0001

which property is owned by <u>Rodney E. White, whose address is 1534 Lake St. Hobart, IN 46342, of a total value of \$400.00</u>, of which there remains unpaid \$400.00, and I further state that I furnished the first of the items on the date of <u>April 1, 2012</u>, and the last of the items on the date of <u>July 30, 2012</u>.

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

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 21, 2012 bevalles backson came before me |
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| 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. |
| A failed |
| Notary Signature |
| Notary Public, |
| In and for the county of State |
| My commission expires: 12/18/190cument 18 |
| CERTIFICATE OF MAILING This Document is the property of |
| 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: Rodney E. White |
| Address: 1534 Lake St. Hobart, IN 46342 |
| Date: 8-23-12 |
| The treasurer of the Islands of Barrington Ridge |
| Bill Soulch Townhomes Association Inc. |
| Signature of Person Mailing Claim of Lien Name of Person Mailing Claim of Lien |
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