

FILED FOR RECORD

2012 057639

2012 AUG 24 AM 11:13

RECORDER JMAN

NOTICE OF LIEN
(file in duplicate)

To. Tiara Graves
5084 West 87th Place
Crown Point, Indiana 46307

STATE OF INDIANA), COUNTY OF LAKE, SS The undersigned, being first duly sworn, makes this sworn statement of intention to hold a lien upon the real estate described below and says that:

1. The undersigned Pine Island Ridge Community Association Inc , P.O Box 316, Crown Point, IN 46307 intends to hold a lien on the real estate commonly known as 5084 West 87th Place, Crown Point, IN 46307 and legally described as follows:

PINE ISLAND RIDGE UNIT 11 LOT 510

Including all buildings, other structures and improvements located thereon or connected therewith for work and labor done and for materials furnished by the undersigned in the maintenance, repairing and upkeep of said buildings, structures and improvements, and for assessments

- 2. The amount claimed under this statement is Seven Hundred Ninety-Nine and 30/100 (\$799 30) Dollars
- 3. The work and labor were done and the materials were furnished by the undersigned within the last sixty days

Pine Island Ridge Community Association Inc
By [Signature]

STATE OF INDIANA, COUNTY OF LAKE SS:

Printed: Greg A Bouwer, Attorney

Before me, a Notary Public in and for said County and State, personally appeared Greg A. Bouwer, Attorney for Pine Island Ridge Community Association Inc, who acknowledged the execution of the foregoing Notice of Lien, and who, having been duly sworn, under the penalties of perjury, stated the facts and matters therein set forth are true and correct

Witness my hand and Notarial Seal this 22 day of August, 2012,
My Comm. Expires 07/23/2016
Residing in Lake County

Signature [Signature]
Printed Joan Marie Poholarz
NOTARY PUBLIC

I hereby certify that this 22 day of August, 2012, filed a duplicate of this notice, first class, postage prepaid, to the within named owner at 5084 West 87th Place, Crown Point, Indiana 46307 (Latest address shown on tax records)

[Signature]

AFFIRMATION

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law

KORANSKY, BOUWER & PORACKY, P.C.
By [Signature]
Greg A Bouwer, Attorney

This is a communication from a debt collector, and an attempt to collect on a debt, and any information obtained will be used for that purpose. Unless you dispute the validity of the debt or any portion thereof by written notice to Greg A. Bouwer, Koransky, Bouwer & Poracky, P.C., 425 Joliet Street, Suite 425, Dyer, IN 46311, within thirty (30) days after receipt of this notice, we shall assume the debt to be valid.

THIS DOCUMENT PREPARED BY AND RETURN AFTER RECORDING TO:
GREG A. BOUWER, ATTORNEY ID. NUMBER 16368-53
KORANSKY, BOUWER & PORACKY, P.C., 425 JOLIET STREET, SUITE 425, DYER, IN 46311

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