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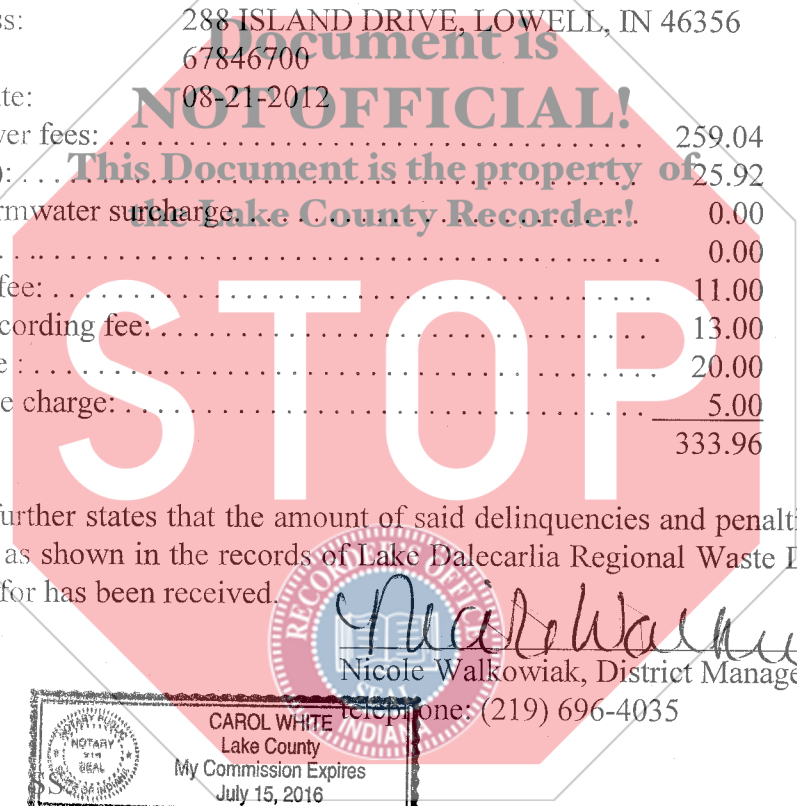
MICHELLE H. FAJMAN  
RECORDER

**NOTICE OF LIEN FOR DELINQUENT SEWER ACCOUNT**

**TO THE RECORDER OF LAKE COUNTY, INDIANA:**

Pursuant to IC 36-9-23, the undersigned District Manager of Lake Dalecarlia Regional Waste District, a municipal corporation formed and acting pursuant to IC 13-26, hereby submits its notice of intention to hold a lien for delinquent sewer fees and penalties on the following described real estate, in the itemized amount shown below, plus delinquencies accruing thereafter until this lien is released, to-wit:

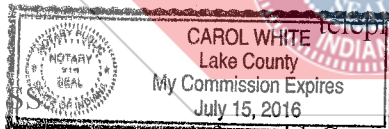
Legal description:	DALECARLIA BLOCKS 26 & 27 ALL L.40 BL.27
Old Property Key Number:	02-03-0105-0040
New Property Key Number:	45-19-01-357-003.000-007
Owner(s):	ROGER L & JUDITH G PFOTENHAUER
Property address:	288 ISLAND DRIVE, LOWELL, IN 46356
Mailing Address:	288 ISLAND DRIVE, LOWELL, IN 46356
Account No:	67846700
Delinquency date:	08-21-2012
Delinquent Sewer fees:	259.04
Penalties (10%):	25.92
Delinquent Stormwater surcharge:	0.00
Penalties:	0.00
Lien recording fee:	11.00
Lien Release recording fee:	13.00
Certification fee:	20.00
Statutory service charge:	5.00
<b>TOTAL:</b>	<b>333.96</b>



The undersigned further states that the amount of said delinquencies and penalties so submitted are true and correct computations as shown in the records of Lake Dalecarlia Regional Waste District, Lowell, Indiana, and that no payment therefor has been received.

*Nicole Walkowiak*  
Nicole Walkowiak, District Manager

STATE OF INDIANA )  
COUNTY OF LAKE )



Telephone: (219) 696-4035

Before me, a Notary Public in and for said County and State, personally appeared Nicole Walkowiak, who acknowledged the execution of the foregoing Notice of Lien for Delinquent Sewer Account, and who, having been duly sworn, under the penalties of perjury, stated that the facts and matters therein set forth are true and correct, this 22 day of August, 2012.

My Commission Expires: July 15, 2016  
Resident of Lake County, Indiana

*Carol White*  
Carol White, Notary Public

Pursuant to IC 36-2-11-15, 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.

Signature: *Nicole Walkowiak* Date signed: 8-27-12  
Printed: Nicole Walkowiak

Return this document to: Lake Dalecarlia Regional Waste District  
15901 Briargate Place  
Lowell, Indiana 46356

11.00  
CL# 014350  
LR



**OFFICE OF THE LAKE COUNTY RECORDER**

LAKE COUNTY GOVERNMENT CENTER  
2293 NORTH MAIN STREET  
CROWN POINT, INDIANA 46307



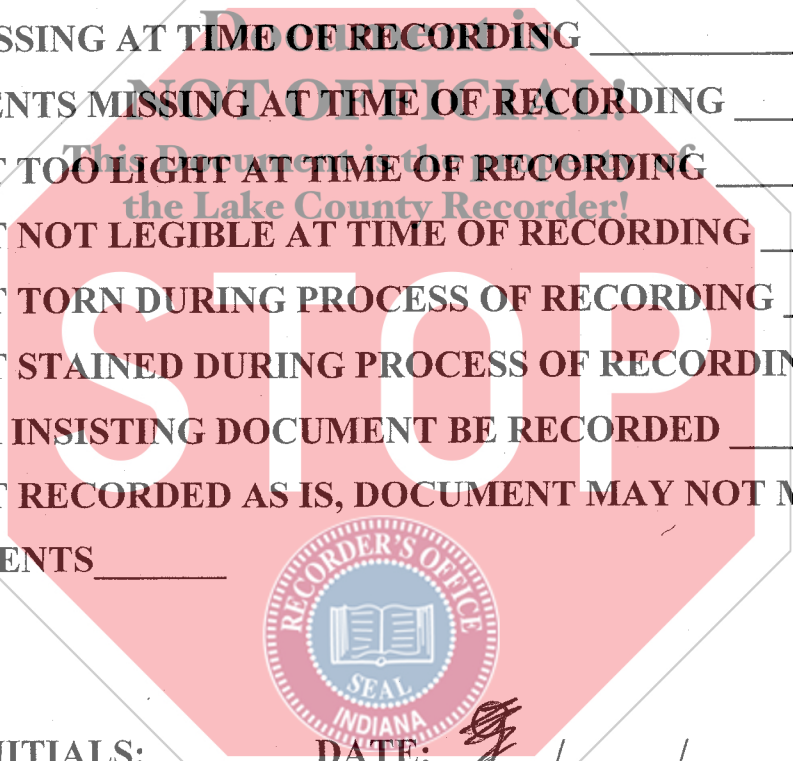
**MICHELLE R. FAJMAN**  
Recorder

PHONE (219) 755-3730  
FAX (219) 755-3257

**DISCLAIMER**

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It may not meet with State of Indiana Recordation requirements.**

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CUSTOMER INITIALS: \_\_\_\_\_ DATE: 9 / 5 / 12

EMPLOYEE INITIALS: BB DATE: 9 / 5 / 12