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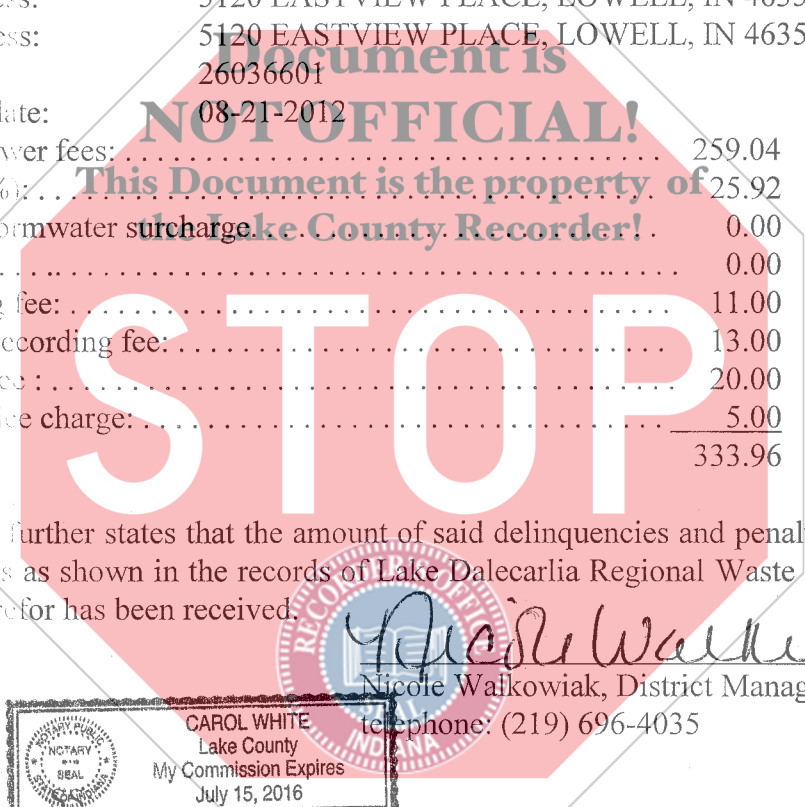
MICHELLE R. FAJMAN
RECORDER

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:

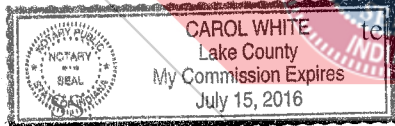
Legal description:	DALECARLIA BLOCKS 39-40-41-42-43 ALL LOT 48-49
Old Property Key Number:	02-03-0174-0048
New Property Key Number:	45-19-12-279-020.000-007
Owner(s):	JAMES K JOHNSON
Property address:	5120 EASTVIEW PLACE, LOWELL, IN 46356
Mailing Address:	5120 EASTVIEW PLACE, LOWELL, IN 46356
Account No:	26036601
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
TOTAL:	333.96



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
telephone: (219) 696-4035

STATE OF INDIANA
COUNTY OF LAKE



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 Carol White
Resident of Lake County, Indiana 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: 8-22-12
Printed: Nicole Walkowiak

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

CK# 1100
014350
WR



OFFICE OF THE LAKE COUNTY RECORDER

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



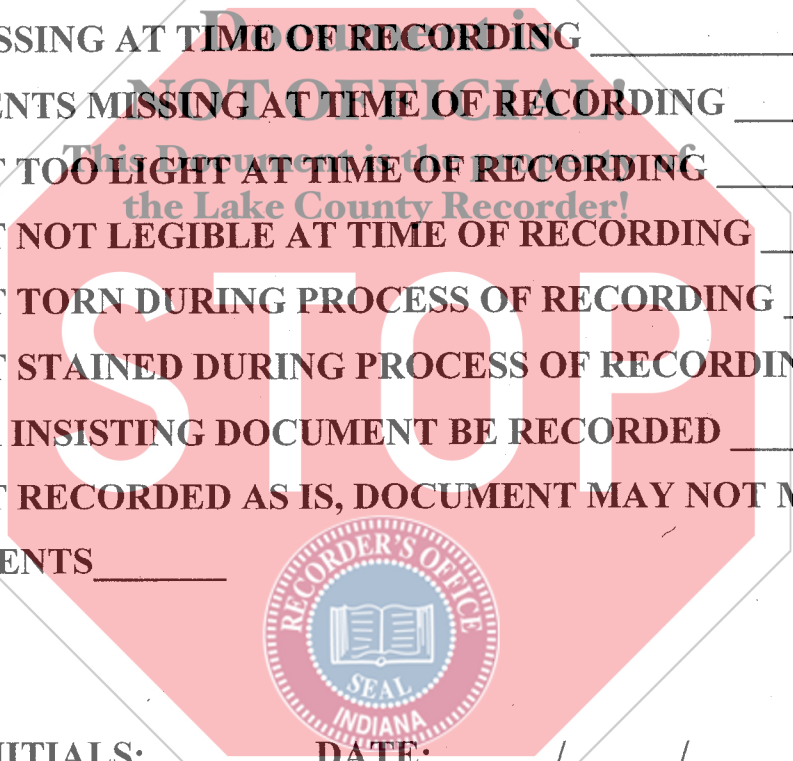
MICHELLE R. FAJMAN
Recorder

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

DISCLAIMER

**This document has been recorded as presented.
It may not meet with State of Indiana Recordation requirements.**

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- 3. PAGE(S) MISSING AT TIME OF RECORDING _____
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- 5. DOCUMENT TOO LIGHT AT TIME OF RECORDING _____ ✓
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- 8. DOCUMENT STAINED DURING PROCESS OF RECORDING _____
- 9. CUSTOMER INSISTING DOCUMENT BE RECORDED _____
- 10. DOCUMENT RECORDED AS IS, DOCUMENT MAY NOT MEET STATE REQUIREMENTS _____



CUSTOMER INITIALS: _____ DATE: ____/____/____

EMPLOYEE INITIALS: BB DATE: 9, 5, 12