

2012 089316

2012 DEC 18 PM 2:30

RECORDER
RECORDED

NOTICE TO OWNER OF DELIVERY AND
EXISTENCE OF LIEN RIGHTS
THIS IS ONLY A NOTICE

NAME OF OWNER (S): Brian & Amy Smith h&w
GRANTEE ADDRESS (S) 521 Austgen Pl.
Dyer, In. 46311

LEGAL ADDRESS: Lot 323 in Ellendale Farm Unit Eight, as per plat thereof, recorded in
plat book 94 page 95 in the Office of the Recorder of Lake County, Indiana
Key No.: 45-16-18-178-018.000-042
Doc# 2007-045258

COMMONLY KNOW AS: 1165 Mary Ellen Ct., Crown Point, Indiana

CONTRACTOR: BBT Custom Homes, Inc.

**Document is NOT VALID!
NOTICE IS GIVEN PURSUANT TO
INDIANA LAW AND DOES NOT
REFLECT ADVERSELY ON YOU OR YOUR CONTRACTOR**

Please take notice that Von Tobel Corporation has furnished materials to the contractor or a subcontractor for use in the
above described construction or remodeling project of which you are the owner and/or actual or intended occupant.
Such materials were furnished by Von Tobel Corporation to the project and consist of building materials.
This notice is provided in compliance with Indiana Statute Indiana Code Section 32-8-3-1 regarding payment to
subcontractors and material suppliers and permitting the filing of a mechanic's lien against real estate in the event of non-
payment.

**WARNING TO OWNER: THIS NOTICE IS REQUIRED BY THE INDIANA CONSTRUCTION LIEN ACT. IF YOU
HAVE QUESTIONS ABOUT YOUR RIGHTS AND DUTIES UNDER THIS ACT, YOU SHOULD CONTACT AN
ATTORNEY TO PROTECT YOU FROM THE POSSIBILITY OF PAYING TWICE FOR THE IMPROVEMENTS TO
YOUR PROPERTY.**

VON TOBEL CORPORATION
751 E. US RT. 30
P.O. Box 465
Scherverville, IN 46375

BY: *[Signature]*
John Arehart
Manager/Owner

STATE OF INDIANA)
COUNTY OF LAKE) SS

Before me, a Notary Public in and for said County and State, appeared
John Arehart and acknowledged the execution of the foregoing document.
Dated this 17th day of December, 2012

My commission expires: *[Signature]*
6/10/16

Janet F. Hardiman
A resident of Lake County, IN

THIS INSTRUMENT PREPARED BY:
Janet Hardiman Von Tobel Corporation
751 E. US RT. 30,
PO Box 465 Scherverville, IN 46375

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]

AMOUNT \$ 11.00
CASH CHARGE _____
CHECK # _____
OVERAGE _____
COPY _____
NON-COM _____
FIDELITY _____