

2013 020671

2013 MAR 19 PM 12:56

MICHAEL W. GROWN
RECORDER

When recorded, mail to: The Islands of Barrington Ridge
Name: Townhomes Association, Inc.
Address: P.O. Box 134
City/State/Zip: Hobart, IN 46342

Document prepared by:
Name: The Islands of Barrington Ridge Townhomes Assoc., Inc
Address: P.O. Box 134
City/State/Zip: Hobart, IN 46342



Claim of Lien

State of Indiana

County of Lake

I the Treasurer 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 17th day of February, 1994 of the Islands of Barrington Ridge Townhomes Association, Inc.

on the following described real property located in Lake County, State of Indiana, commonly known as:

1527 Lake St. Hobart, IN 46342 and legally described as: Barrington Ridge Unit 3 MID PT LOT 4 45-13-05-306-022.000-018 27-17-0292-0032.

which property is owned by Paul W Grabarek, whose address is 1527 Lake St. Hobart, IN 46342, of a total value of \$400.00, of which there remains unpaid \$400.00, and I further state that I furnished the first of the items on the date of July 1, 2012, and the last of the items on the date of December 31, 2012.

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.

Bill Adalik

Signature of Person Claiming Lien

The Treasurer 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

AMOUNT \$ 13
CASH _____ CHARGE _____
CHECK # 1633
OVERAGE _____
COPY _____
NON-COM _____
OTHER _____ 20

On March 19, 2013, Bill Sedlak came before me 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.

[Signature]
Notary Signature

Notary Public,
In and for the county of Lake State of Indiana

My commission expires: 12/18/19

CERTIFICATE OF MAILING

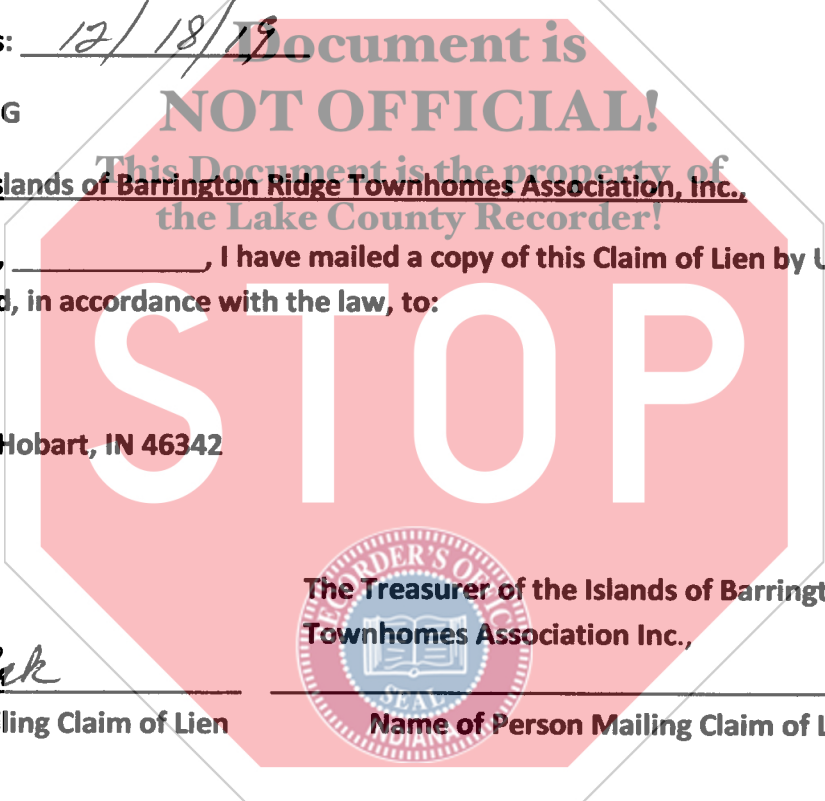
I, the Treasurer of the Islands of Barrington Ridge Townhomes Association, Inc.,

certify that on this date, _____, I have mailed a copy of this Claim of Lien by USPS certified mail, return receipt requested, in accordance with the law, to:

Name: Paul Grabarek

Address: 1527 Lake St. Hobart, IN 46342

Date: 3/23/13



The Treasurer of the Islands of Barrington Ridge
Townhomes Association Inc.,

Bill Sedlak
Signature of Person Mailing Claim of Lien

Name of Person Mailing Claim of Lien