

Amount of Lien may change due to accruing additional charges. Please call the number below for total pay-off amount.

**CERTIFICATE OF NON-PAYMENT OF ASSESSMENTS**

This document shall serve as notice that Madison Meadows Homeowners Association Inc., a non-profit Indiana Corporation, is hereby filing its Certificate of Non-Payment of Assessments which is a lien pursuant to the Declaration of Restrictive Covenants for Madison Meadows upon a parcel of real property commonly known as 488 W. 76<sup>th</sup> Ave., Merrillville, Lake County, Indiana, and more particularly described as follows:

**Legal Description:**

Property Description: THAT PART OF LOT 4 IN MADISON MEADOWS, PHASE 1, AN ADDITION TO THE TOWN OF MERRILLVILLE, INDIANA, AS SHOWN IN PLAT BOOK 98, PAGE 66 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, DESCRIBED AS: BEGINNING AT THE SOUTHWEST CORNER OF SAID LOT 4, THENCE NORTH 00 DEGREES 15 MINUTES 05 SECONDS EAST, 150.00 FEET ALONG THE WEST LINE OF SAID LOT 4 TO THE NORTHWEST CORNER OF SAID LOT 4; THENCE SOUTH 89 DEGREES 44 MINUTES 55 SECONDS EAST, 40.00 FEET TO THE EXTENSION OF THE CENTERLINE OF AN EXISTING PARTY WALL; THENCE SOUTH 00 DEGREES 15 MINUTES 05 SECONDS WEST, 150.00 FEET ALONG SAID CENTERLINE AND EXTENSIONS THEREOF TO THE SOUTH LINE OF SAID LOT 4; THENCE NORTH 89 DEGREES 44 MINUTES 55 SECONDS WEST, 40.00 FEET ALONG THE SOUTH LINE OF SAID LOT 4 TO THE POINT OF BEGINNING.

Amount of Lien: \$323.00 (as of recording date) plus interest at the rate of 12% per annum

Claimant: Madison Meadows Homeowners Association Inc.  
P.O. Box 390  
Crown Point, Indiana 46308  
(219) 791-0927

Property Owner: Angelo Almaguer  
Property Owner's Last Address: 488 W. 76th Ave., Merrillville, IN 46410

I hereby swear or affirm under the penalties of perjury that the above and foregoing representations to the best of my knowledge.

Date: 6-3-13  
Signed: *[Signature]*  
Printed/Title: Craig Van Prooyen - President

State of Indiana )  
County of Lake ) SS:

"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."  
PREPARED BY: CS

Before me the undersigned, A Notary Public in and for the State of Indiana, personally appeared Craig Van Prooyen and, being first duly sworn upon his/her oath, says that the facts alleged in the foregoing instrument are true. Signed and sealed this 3 day of June 2013

County of Residence: Lake

*[Signature]*  
Notary Public, signature

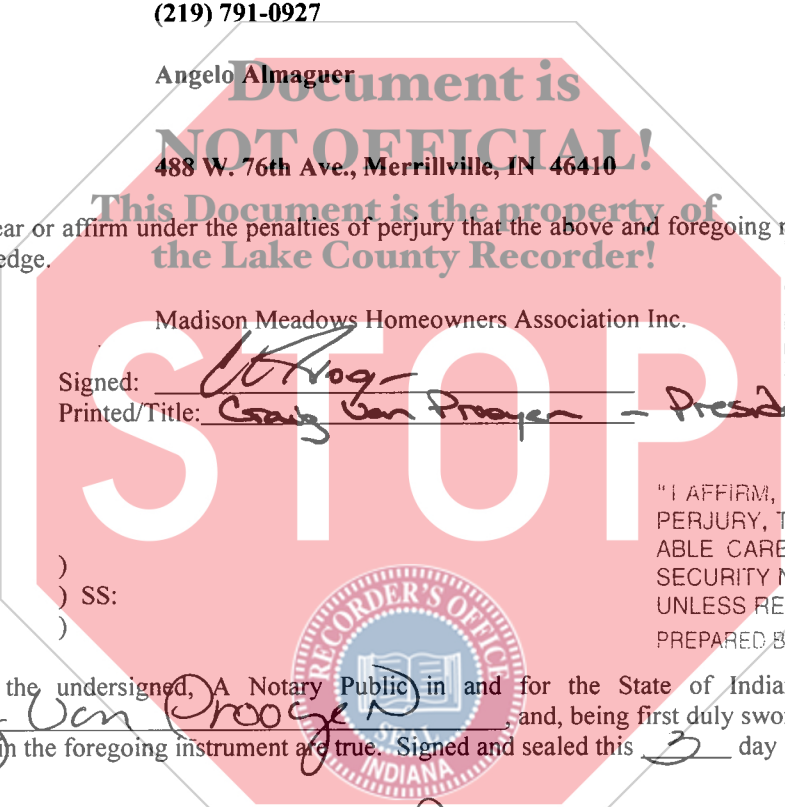
My Commission expires: 10.2.2017

Notary Public, printed: PAULA BARRICK  
Lake County  
My Commission Expires  
Oct. 2, 2017



2013 JUN 13 04:27:70

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MICHAEL B. BROWN  
RECORDER  
2013 JUN 11 PM 12:37



*[Handwritten notes:]*  
CASH  
CO  
PPD