

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 559 W. 77th Ave., Merrillville, Lake County, Indiana, and more particularly described as follows:

Legal Description: THAT PART OF LOT 19 IN MADISON MEADOWS, PHASE TWO, AN ADDITION TO THE TOWN OF MERRILLVILLE, INDIANA, AS SHOWN IN PLAT BOOK 99, PAGE 95 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, DESCRIBED AS FOLLOWS: BEGINNING AT THE SOUTHWEST CORNER OF SAID LOT 19, THENCE NORTH 00 DEGREES 11 MINUTES 16 SECONDS EAST, 150.00 FEET ALONG THE WEST LINE OF SAID LOT 19 TO THE NORTHWEST CORNER OF SAID LOT 19; THENCE SOUTH 89 DEGREES 48 MINUTES 44 SECONDS EAST, 44.17 FEET ALONG THE NORTH LINE OF SAID LOT 19 TO THE EXTENSION OF THE CENTERLINE OF AN EXISTING PARTY WALL; THENCE SOUTH 00 DEGREES 11 MINUTES 16 SECONDS WEST, 150.00 FEET ALONG SAID CENTERLINE AND EXTENSIONS THEREOF TO THE SOUTH LINE OF SAID LOT 19; THENCE NORTH 89 DEGREES 48 MINUTES 44 SECONDS WEST, 44.17 FEET ALONG SAID SOUTH LINE TO THE POINT OF BEGINNING.

Amount of Lien: \$475.00 (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: Myra Peguse

Property Owner's Last Address: 559 W. 77th Ave., Merrillville, IN 46410

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

Madison Meadows Homeowners Association Inc.

Date: 6-3-13

Signed: *[Signature]*
Printed/Title: Craig Van Prooyen Resident

State of Indiana)
County of Lake) SS:

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: *[Signature]*

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: Cable

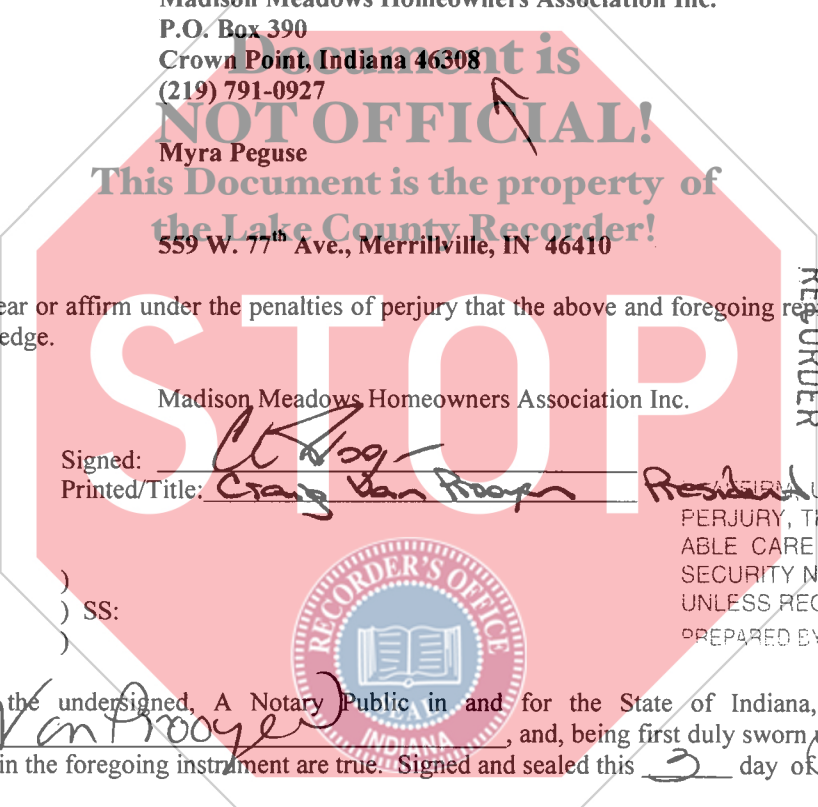
[Signature]
Notary Public, signature

My Commission expires: 10.2.2017

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

INDIANA PUBLIC
PAULA BARRICK
Lake County
My Commission Expires
Oct. 2, 2017

12.00
CASH
PRO



2013 JUN 04 2778

MICHAEL B. BROWNE
RECORDER

2013 JUN 11 PM 12:37

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDER