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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 058598

2013 AUG -8 PM 3:25

MICHAEL B. BROWN  
RECORDER

Recording requested by: REGINA ZIERA Space above reserved for use by Recorder's Office  
 When recorded, mail to: Document prepared by:  
 Name: RIDGEWOOD TOWNHOME OWNER ASSOC. Name REGINA ZIERA PRESIDENT  
 Address: P.O. Box 2573 Address P.O. Box 2573  
 City/State/Zip: HAMMOND, IN 46323 City/State/Zip HAMMOND, IN 46323

### Claim of Lien

State of INDIANA  
County of LAKE

Document is NOT OFFICIAL!

I, RIDGEWOOD TOWNHOME OWNER ASSOC., 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: NON PAYMENT OF MONTHLY ASSESSMENT FEE PLUS LATE CHARGES, BALANCE DEC '2012 \$ 546.00 PLUS JAN '13 THROUGH JULY '2013

on the following described real property located in LAKE County, State of INDIANA, commonly known as:  
3508 - 170TH CT., HAMMOND, IN 46323

and legally described as: RIDGEWOOD TOWNHOMES UNIT # 20 BLDG 5

which property is owned by RICKY & CYNTHIA JOHNSON, whose address is 304 ROYAL OAK DR, STEGER, ILL 60475, of a total value of \$ 1361.00, of which there remains unpaid \$ 1361.00, and I further state that I furnished the first of the items on the date of 1-1-12, and the last of the items on

★NOVA LF136 Claim of Lien Pg.1 (08-09)

\$13.00  
M.E  
#442

the date of 7-31-2013

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.

Regina Zieba  
Signature of Person Claiming Lien

\_\_\_\_\_  
Name of Person Claiming Lien

Address of person claiming lien: RIDGEWOOD TOWNHOME OWNERS ASSOC, INC.  
P.O. BOX 2573, HAMMOND, IN. 46323

On August 7, 2013, Regina Zieba came before me personally and, under oath, stated that he/she is the person described in the above document and that he/she signed the above document in my presence.

Ronald C. Hanna  
Notary Signature

Notary Public,

In and for the County of Lake State of Indiana

My commission expires: 8-1-14 Seal

**CERTIFICATE OF MAILING**

I, \_\_\_\_\_, 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: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Mailing Claim of Lien

\_\_\_\_\_  
Name of Person Mailing Claim of Lien