

2013 058599

2013 AUG -8 PM 3: 25

MICHAEL B. BROWN
RECORDER

Recording requested by: REGINA ZIEBA

Space above reserved for use by Recorder's Office

When recorded, mail to:

Document prepared by:

Name: RIDGEWOOD TOWN HOME OWNER ASSOC

Name REGINA ZIEBA, PRES.

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

I, RIDGEWOOD TOWN HOME 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:

NOV PAYMENT OF MONTHLY FEE PLUS LATE FEES
BALANCE DEC' 2012 PLUS - MAR THROUGH
JULY 2013

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

3532 - 170TH PL, HAMMOND, IN, 46323

and legally described as: RIDGEWOOD TOWN HOMES UNIT # 40 BLDG # 10

which property is owned by DONNA COLE, whose address is

3532 - 170TH PL, HAMMOND, IN 46323, of a total value of \$ _____, of which there remains unpaid \$ 1430⁰⁰, and I further state that I furnished the first of the items on the date of 12-31-2012, and the last of the items on

M-E
\$13.00
#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

REGINA ZIEBA, PRESIDENT
Name of Person Claiming Lien

Address of person claiming lien: RIDGEWOOD TOWNHOME OWNERS ASSOC.
PO 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 Hobbs
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