

2013 092306

2013 DEC 18 AM 10:41

MICHAEL B. BROWN  
RECORDER

**NOTICE OF LIEN FOR DELINQUENT WATER ACCOUNT**

**TO THE RECORDER OF LAKE COUNTY, INDIANA:**

Pursuant to IC 8-1-2, the undersigned Board Member of the Fairways Regional Water District, a municipal corporation formed and acting pursuant to IC 13-26, hereby submits its notice of intention to hold a lien for delinquent water fees and penalties on the following described real estate, in the itemized amount shown below, plus delinquencies accruing thereafter until this lien is released, to-wit:

Legal description: DALECARLIA FAIRWAYS SUB. FIRST SECTION 28 ALL L.28 PARCEL 11

Property Key Number: 45-19-01-451-006.000-007

Owner(s): SLASHFROG LLC AND/OR CURRENT OWNER OF RECORD

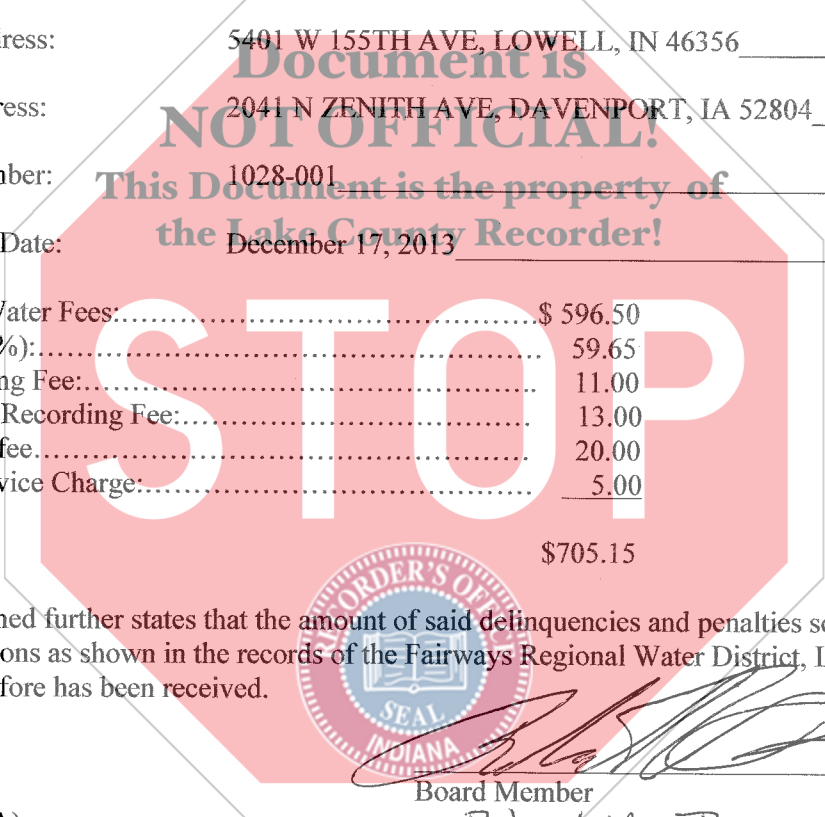
Property Address: 5401 W 155TH AVE, LOWELL, IN 46356

Mailing Address: 2041 N ZENITH AVE, DAVENPORT, IA 52804

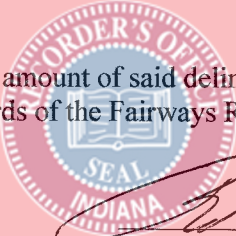
Account Number: 1028-001

Delinquency Date: December 17, 2013

Delinquent Water Fees:	\$ 596.50
Penalties (10%):	59.65
Lien Recording Fee:	11.00
Lien Release Recording Fee:	13.00
Certification fee:	20.00
Statutory Service Charge:	5.00
<b>TOTAL:</b>	<b>\$705.15</b>



The undersigned further states that the amount of said delinquencies and penalties so submitted are true and correct computations as shown in the records of the Fairways Regional Water District, Lowell, Indiana, and that no payment therefore has been received.



Board Member  
*Robert Van Baren*

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:

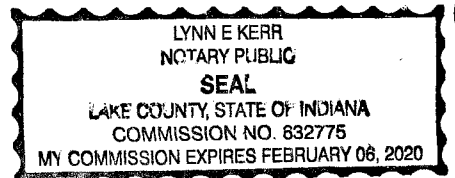
Before me, a Notary Public in and for said County and State, personally appeared Charles Janczak, who acknowledged the execution of the foregoing Notice of Lien for Delinquent Water Account, and who, having been duly sworn, under the penalties of perjury, stated that the facts and matters therein set forth are true and correct, this 18th day of December, 2013.

My Commission Expires: 2/6/20  
Resident of Lake County, Indiana *Lynn E. Kerr* Notary Public

Pursuant to IC 8-1-2, I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_  
Printed: Robert Van Baren

Return this document to: Fairways Regional Water District  
P.O. Box 191  
Lowell, IN 46356



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CS  
CA