2014 011294

STATE OF INDIA! LAKE COUNTY FILED FOR RECORD

2014 FEB 26 AM 10: 03

MICHAEL B. BROWN RECORDER

## NOTICE OF LIEN FOR DELINQUENT SEWER ACCOUNT

## TO THE RECORDER OF LAKE COUNTY, INDIANA:

Pursuant to IC 36-9-23, the undersigned District Manager of Lake Dalecarlia Regional Waste District, a municipal corporation formed and acting pursuant to IC 13-26, hereby submits its notice of intention to hold a lien for delinquent sewer 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 BLOCKS 39-40-41-42-43 ALL LOT 50

New Property Key Number: 45-19-12-279-021.000-007

Owner:

MICHAEL A & LISA M VASILE

Property address:

4864 VASA TERRACE, LOWELL, IN 46356

Mailing Address:

4864 VASA TERRACE, LOWELL, IN 46356

Account No:

21191003

Delinquency date:

2-21-2014 ument

Delinquent Sewer fees: /. Penalties (10%): NOT OFFI 259.04 25.92

Delinquent Stormwater surcharge ument is the property of 0.00 Penalties: .... the Lake County Recorder!

13.00

Certification fee

20.00

TOTAL:

333.96

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 Lake Dalecarlia Regional Waste District, Lowell, Indiana, and that no payment therefor has been received.

Nicole Walkowiak, District Manager

STATE OF INDIANA COUNTY OF LAKE

CAROL WHITElephone: (219) 696-4035 Lake County
My Commission Expires July 15, 2016

Before me, a Notary Public in and for said County and State, personally appeared Nicole Walkowiak, who acknowledged the execution of the foregoing Notice of Lien for Delinquent Sewer 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 2/ day of February

My Commission Expires July 15, 2016

Resident of Lake County, Indiana

Just White

Carol White, Notary Public

Pursuant to IC 36-2-11-15, 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.

Signature Printed:

Nicole Walkowiak

Date signed:

Return this document to:

Lake Dalecarlia Regional Waste District

15901 Briargate Place

Lowell, Indiana 46356

This instrument prepared by Timothy R. Sendak, Attorney at Law 209 South Main Street, Crown Point, Indiana 46307

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