2014 016530

STATE OF INDIA FILED FOR RECORD

2014 MAR 21 AM 10: 23

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 BLOCK 30 L.17 BL.30

New Property Key Number: 45-19-01-326-008.000-007

Owner:

GISE & JENNIFER VAN BAREN

Property address:

5731 W. 153<sup>RD</sup> AVENUE, CROWN POINT, IN 46307

Mailing Address:

318 E. CLARK STREET, CROWN POINT, IN 46307

Account No:

63001701

Delinquency date:

3-21-2014 ument

Delinquent Sewer fees: /

318.62

Penalties (10%): ... NOT OFFIC Delinquent Stormwater surcharge unrent is the property of 0.00

14.30

0.00

Lien recording fee: ..... 

5.00

TOTAL:

381.92

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.

> ede Walkowiak, District Manager CAROL WHITE telethone: (219) 696-4035 Lake County July 15, 2016

## STATE OF INDIANA COUNTY OF LAKE

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 <u>3/</u> day of <u>March</u>

My Commission Expires, July 15, 2016

Nicole Walkowiak

Resident of Lake County Indiana

Cuel 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:

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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