2014 030222

STATE OF INDIA LAKE COUNTY FILED FOR RECORD

2014 MAY 27 PM 12: 21

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:

DALECARLIA FAIRWAYS SUB 1ST SECT ALL LOT 52 Legal description:

New Property Key Number: 45-19-01-404-001.000-007

Owner: DARREN & CONSUELO PATCHIN

15313 RALSTON PLACE, LOWELL, IN 46356 Property address: Mailing Address: 15313 RALSTON PLACE, LOWELL, IN 46356

Account No: 78006200

5-21-2014 ument Delinquency date:

Delinquent Sewer fees: /. 286.08 Penalties (10%): NOT OFFICIAL! Delinquent Stormwater surcharge ument is the property of 0.00 Penalties: the Lake County Recorder! Lien recording fee: Certification fee:.... 20.00 5.00

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.

CAROL WHITE Lake County My Commission Expires July 15, 2016

Nicole Walkowiak, District Manage elephone: (219) 696-4035

363.68

STATE OF INDIANA COUNTY OF LAKE

TOTAL:

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 23 day of May

My Commission Expires: July 15, 2016

Nicole Walkowiak

Resident of Lake County, Indiana

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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