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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 048438

2014 AUG 12 PM 12: 57

MICHAEL B. BROWN
RECORDER

When recorded, mail to: The Islands of Barrington Ridge
Name: Townhomes Association, Inc.
Address: P.O. Box 134
City/State/Zip: Hobart, IN 46342

Document prepared by: The Treasurer
Name: The Islands of Barrington Ridge Townhomes Assoc., Inc
Address: P.O. Box 134
City/State/Zip: Hobart, IN 46342

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Claim of Lien

State of Indiana

County of Lake

I the Treasurer of the Islands of Barrington Ridge Townhomes Association, Inc., 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: delinquent quarterly dues for the common area maintenance and repairs as stated in the by-laws of the covenants and restrictions 94014409 dated the 17th day of February, 1994 of the Islands of Barrington Ridge Townhomes Association, Inc.

on the following described real property located in Lake county, State of Indiana, commonly known as:

1534 Lake St. Hobart, IN 46342 and legally described as: Barrington Ridge Unit 3 S'LY 32.62FT of 45-13-05-301-032.000-018 27-17-0292-0001

which property is owned by Rodney E. White, whose address is 1534 Lake St. Hobart, IN 46342, of a total value of \$400.00, of which there remains unpaid \$400.00, and I further state that I furnished the first of the items on the date of January 1.2014, and the last of the items on the date of June 2014.

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.

Bill Sallik

Signature of Person Claiming Lien

The Treasurer of The Islands of Barrington Ridge Townhomes Association, Inc.

Name of person Claiming Lien

Address of person claiming lien: P.O Box 134 Hobart, IN 46342

AMOUNT \$ 13-
CASH _____ CHARGE _____
CHECK # 1792
OVERAGE _____
COPY _____
NON - COM _____
CLERK RD

On August 12 2014, Bill Sedlak came before me personally and, under oath, stated that she is the person described in the above document and that she signed the above document in my presence.

Kathy Wenzel
Notary Signature

Notary Public,
In and for the county of Lake State of Indiana

My commission expires: 11.18.18

CERTIFICATE OF MAILING

I, The Treasurer of the Islands of Barrington Ridge Townhomes Association, Inc.,

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: Rodney E. White

Address: 1534 Lake St. Hobart, IN 46342

Date: 8-12-14


The Treasurer of the Islands of Barrington Ridge
Townhomes Association Inc.,

Signature of Person Mailing Claim of Lien

Name of Person Mailing Claim of Lien