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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 069259

2014 OCT 31 PM 12:53

MICHAEL B. BROWN
RECORDER

Recording requested by: RIDGEWOOD TOWNHOME
OWNER ASSOC.
When recorded, mail to:
Name: REGINA ZIEBA, PRES
Address: P.O. Box 2573
City/State/Zip: HAMMOND, IN 46323

Space above reserved for use by Recorder's Office
Document prepared by:
Name: J. BRODERICK
Address: P.O. Box 2573
City/State/Zip: HAMMOND IN 46323

Claim of Lien

State of INDIANA

County of LAKE

Document is NOT OFFICIAL!

I, RIDGEWOOD TOWNHOME OWNER ASSOC., 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: NON PAYMENT OF ASSESSMENT FEES (MONTHLY) PLUS ANY LATE FEES, LAWYERS CHARGES AND COURT COSTS AUGUST 2013 THROUGH OCTOBER 2014

on the following described real property located in LAKE County, State of INDIANA, commonly known as:

RIDGEWOOD TOWNHOMES AT 3508 - 170TH CT, HAMMOND, IN 46323

and legally described as: PARCEL NO. 45-07-10-327-020.000-023
RIDGEWOOD TOWNHOMES UNIT 20 BLDG 5 (1020AC)

which property is owned by RICKY & CYNTHIA JOHNSON, whose address is 304 ROYAL OAK RD, STEGER, ILL 60475, of a total value of \$ _____, of which there remains unpaid \$ 3439⁰⁰, and I further state that I furnished the first of the items on the date of _____, and the last of the items on _____

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the date of _____

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.

Regina Zieba
Signature of Person Claiming Lien

REGINA ZIEBA, PRESIDENT
Name of Person Claiming Lien

Address of person claiming lien: RIDGEWOOD TOWN HOME OWNER ASSOC, P.O. BOX 2573, HAMMOND IN 46323



On 10/30/17 This Document is the property of Regina Zieba came before me personally and, under oath, stated that he/she is the person described in the above document and that he/she signed the above document in my presence.

Stacey Williams
Notary Signature



STACEY WILLIAMS, Notary Public
Lake County, State of Indiana
My Commission Expires 9-2-2017

Notary Public,
In and for the County of Lake State of Indiana
My commission expires 9/2/17 Seal

CERTIFICATE OF MAILING

I, _____, 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: _____
Address: _____
Date: _____

Signature of Person Mailing Claim of Lien

Name of Person Mailing Claim of Lien