

2014 080143

2014 DEC 17 AM 9:27

MICHAEL S. BROWN
RECORDER

SWORN STATEMENT OF INTENTION TO HOLD LIEN

To: **Timothy Ross and Chrisann Rouse, JTWROS**
2583 Brookwood Dr
Crown Point, IN 46307

STATE OF INDIANA, COUNTY OF LAKE, SS:

The undersigned, being first duly sworn, makes and acknowledges this sworn statement of intention to hold a lien upon the property described below and says that:

1. The undersigned, Lakes of the Four Seasons Property Owners' Association, Inc., an Indiana Corporation, 1048 Lakeshore Drive, Crown Point, Indiana, 46307, intends to hold a lien on land legally described as follows:
Lot 59, Bldg. #11, Parcel #4, Four Seasons Town Houses, Tract 106, Lakes of the Four Seasons, as shown in Plat Book 49, Page 139, and Amended by Amended Plat as shown in Plat Book 51, page 44, being a part of Tract 106, Lakes of the Four Seasons Unit #1, as shown in Plat Book 37, page 63 in Lake County, Indiana. Commonly known as 2583 Brookwood Dr, Crown Point, IN 46307
as well as on all buildings, other structures and improvements located thereon or connected therewith.

2. The amount claimed under this statement is **One Thousand Two Hundred Fifty-Eight Dollars and 00/100 (\$1,258.00)**, plus interest thereon.

3. This lien is in accordance with the terms and conditions in paragraph 1.3.3.4 of the Restrictive Covenants of Lakes of the Four Seasons as recorded in the Office of the Recorder of Lake, County, Indiana.

Lakes of the Four Seasons
Property Owners' Association, Inc.

By:

Richard G. Cleveland
Richard G. Cleveland

Subscribed and sworn to before me, a Notary Public, in and for said County and State, by Richard G. Cleveland, Community Manager of Lakes of the Four Seasons Property Owners Association, Inc., this 7 day of December, 2014. Witness my hand and notarial seal

Caryn L. Whitehead
Caryn L. Whitehead, Notary Public
Resident County: Lake

My Commission Expires: February 21, 2017

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.

I hereby certify that I have this _____ day of _____, 2014, mailed a duplicate of this notice, first-class postage prepaid, to the within named property owner at _____.

Recorder of _____ County, Indiana

This Instrument prepared by : Brian E. Less, P.O. Box 98, Hebron, IN

This communication is from a Debt Collector.

This is an attempt to collect a debt and any information obtained will be used for that purpose.

AMOUNT \$ 11-
CASH _____ CHARGE _____
CHECK # 46723
OVERAGE _____
COPY _____
NON-COM _____
CLERK mm

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