

2015 021975

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 APR 15 AM 11:01

MICHAEL B. BROWN  
RECORDER

**CERTIFICATION OF COMPLIANCE LIEN  
AGAINST REAL PROPERTY**

TO: Lake County Auditor

Date: February 2, 2015

This certification is presented to the Lake County Auditor for collection of delinquent fees, unpaid costs or penalties pursuant to IC 36-7-9 and IC 36-1-6. The Code Enforcement/Building Department of the City of East Chicago, IN has taken action concerning the following property:

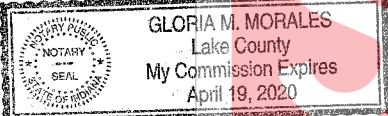
Property Parcel Tax Identification No.:	<b>45-03-33-227-020.000-024</b>
Titled Owner*	<b>HOMER THORNTON, JR.</b>
Common Address/Legal Description:	<b>4924 Euclid Ave., East Chicago, IN 46312 CALUMET ADD. EAST CHICAGO N. 20FT. L.30 BL.27 S. 20FT. L.31 BL.27</b>
Amount of Delinquent Payment:	<b>\$200.00</b>
Administrative Fee:	<b>\$100.00</b>
<b>Total:</b>	<b>\$300.00</b>


Service Type/Invoice #/Invoice Date **Weeds/Rank Vegetation - 6811 - 07/23/14**

The above sum was unpaid for more than 10 days. Notices of nonpayment were served upon each person or entity with a known or recorded substantial property interest as required by IC 36-7-9 and IC 36-1-6. More than 30 days has passed since the notices were given and the sum remains unpaid.

The County Auditor shall place the lien amount on the tax duplicate as a special assessment, and said amount shall be collected as delinquent taxes, pursuant to IC 36-7-9-13.5(d) and IC 36-1-6-2(f).

I hereby affirm that the above record is true and accurate.

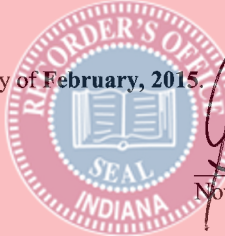

 GLORIA M. MORALES  
 Lake County  
 My Commission Expires  
 April 19, 2020

  
 Winna G. Guzman, Building Commissioner  
 City of East Chicago, Building Department

STATE OF INDIANA )  
COUNTY OF LAKE )

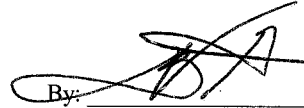
Subscribed and sworn to before me on this 2<sup>nd</sup> day of February, 2015.

My Commission Expires:  
**April 19, 2020**



  
 Notary Public, Resident of Lake County, IN

I affirm, under penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

By: 

*Handwritten initials/signature*