STATE OF INDIANA
LAKE COUNTY FILED FOR RECORD

2015 066867

2015 SEP 29 AM 8: 49

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: Legal description: DALECARLIA BLOCKS 39-40-41-42-43 ALL LOT 106 -New Property Key Number: 45-19-12-278-009.000-007 Owner: DENISE M DULLA Property address: 785 S. LAKEVIEW DRIVE, LOWELL, IN 46356 Mailing Address: 785 S. LAKEVIEW DRIVE, LOWELL, IN 46356 Account No: 22299700 9-21-2015 Delinquency date: Delinquent Sewer fees: Document is 259.04 Penalties (10%): 25.92 Delinquent Stormwater surgharge. T. OF F. T. L. A. T. 0.00 Penalties: Lien recording fee. This Document is the property of Lien Release recording fee the Lake County Recorder! 13.00 20.00 Statutory service charge:

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.

> ole Walkowiak, District Manager elephone: (219) 696-4035

5.00

333.96

STATE OF INDIANA) COUNTY OF LAKE) SS:

TOTAL:

for Walkowiak, personally appeared Nicole Walkowiak, Before me, a Notary Public 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 22 day of September , 2015.

My Commission Expires: July 15, 2016

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: Nicole Walkowiak

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

11. 125°