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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 072009

2015 OCT 23 AM 10:36

MICHAEL B. BROWN  
RECORDER

LF136-04

### CLAIM OF LIEN

State of INDIANA  
County of LAKE

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(year)

**This Document is the property of the Lake County Recorder!**

Before me, the undersigned Notary Public, personally appeared BETTY JO WILKENING

SECRETARY

who duly sworn says that he is (the lienor herein) (the agent of the lienor herein) (Delete One)

LAKE SHORE SUBDIVISION ASSOCIATION INC

(Lienor's Name)

whose address is PO BOX 69, CEDAR LAKE, IN 46303

(Lienor's Address)

and that in accordance with a contract with KENNETH R. CAPPS JR

13917 SOPER ST, CEDAR LAKE, IN 46303

lienor furnished labor, services or materials consisting of: (Describe specially fabricated materials separately)

FAILURE to pay DUES & ASSESSMENTS TO LAKE SHORE SUBDIVISION ASSOCIATION INC

on the following described real property in LAKE County,

State of INDIANA:

(Describe real property sufficiently for identification, including street and number, if known)

LAKE SHORE ADD. L5 BL 6

TAX ID# 45-15-27-457-007.000-014

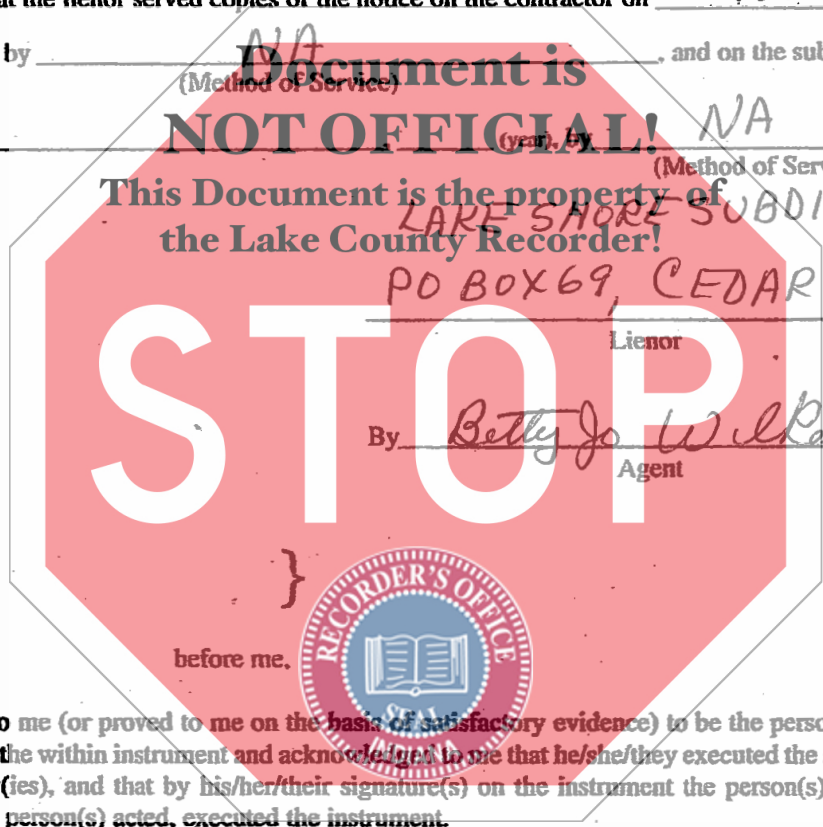
13917 SOPER ST, CEDAR LAKE, IN 46303

\$13  
CS  
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owned by KENNETH CAPPS JR  
of a total value of five hundred one dollar ~~no~~ 100 Dollars  
(\$ 501.00 ) of which there remains unpaid \$ 501.00 , and  
furnished the first of the items on 5-15-15 8-5-15 (year) and the last of the  
items on note on door & mail (year) and (if the lien is claimed by one not in  
privity with the owner) that the lienor served his notice to owner on 2015  
(year) by mail went to house  
(Method of Service)

and, (if required) that the lienor served copies of the notice on the contractor on NA  
NA (year), by NA (Method of Service) and on the subcontractor  
on NA (year), by NA (Method of Service)

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This Document is the property of  
the Lake County LAKE SHORE SUBDIVISION ASSOC IAT 50  
Recorder! INC  
PO BOX 69, CEDAR LAKE, IN 46303  
Lienor



By Betty Jo Wilkening  
Agent

State of \_\_\_\_\_  
County of \_\_\_\_\_

On \_\_\_\_\_ before me,  
appeared \_\_\_\_\_  
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s)  
is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their  
authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon  
behalf of which the person(s) acted, executed the instrument.  
WITNESS my hand and official seal.

Signature Carrie A Hall  
Signature of Notary

Affiant Known Produced ID  
Type of ID IN DL  
(Seal)

