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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MICHAEL B. BROWN
RECORDER

NOTICE OF LIEN RIGHTS

TO: **Michael B. Borders and/or Maria Borders**
8151 Alpine Lane, Apt K369
Crown Point, IN 46307

You are hereby notified that Schilling Brothers Lumber & Hardware, Inc., furnished material and/or labor for the original construction or remodel of a single or double family dwelling to be or being constructed or remodeled on the property located at 1150 Donegal Lane, Crown Point, IN 46307 legally described as follows: **THE HIGHLANDS OF ELLENDALE FARM UNIT 1 LOT 20** and, as a result thereof, Schilling Brothers Lumber & Hardware, Inc., has a right to claim a mechanic's lien against said real estate for the value of the material and/or services performed.

The first material was furnished on **October 22, 2015** and was ordered by **Carrsons Development, LLC** contractor. The total cost of material delivered to date is **\$24,031.95**. It is anticipated that additional material will be delivered during construction. Pursuant to I.C. 32-28-3-1, the furnishing and recording of this notice is a condition precedent to the right of acquiring a lien upon the above described real estate or upon the improvements constructed thereon.

DATE: **December 16, 2015**

By: **SCHILLING BROTHERS LUMBER AND HARDWARE, INC.**

STATE OF INDIANA)
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COUNTY OF LAKE)

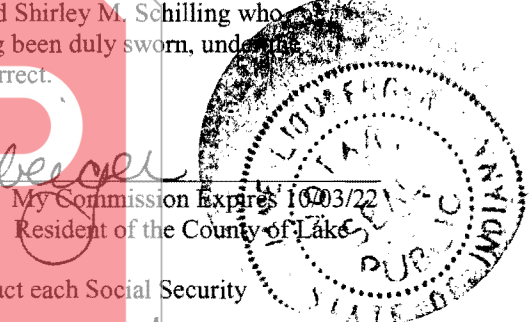
Document is Schilling
NOT OFFICIAL!
Shirley M. Schilling, Secretary, 8900 Wicker Ave., St. John, IN 46377

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

Before me, a Notary Public in and for said County and State, personally appeared Shirley M. Schilling who acknowledged the execution of the foregoing Notice of Lien Rights, and who having been duly sworn, under penalties of perjury, stated that the facts and matters therein set forth are true and correct.

Witness my hand and Notarial Seal this **16th** day of **December, 2015**.

Jane Lonberger
Jane Lonberger
Notary Public



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.

Shirley M. Schilling
PREPARED BY: Shirley M. Schilling, Secretary

This document prepared by: Shirley M. Schilling, Secretary



AMOUNT \$ 11.00
CASH CHARGE _____
CHECK # _____
OVERAGE _____
COPY _____
NON-COM _____
CLERK CP