STATE OF MOVANA LAKE COUNTY FILED FOR RECOLD

2016 014926

2016 MAR 11 Pti 2: 56

MICHAEL B. BAGWE RECORDER

NOTICE TO OWNER OF DELIVERY AND EXISTENCE OF LIEN RIGHTS THIS IS ONLY A NOTICE

NAME OF OWNER (S):

Joshua Leeson and Jori Leeson

GRANTEE ADDRESS (S):

1850 Fishtorn Dr.

Schererville, In. 46375

Legal Description:

Lot 170 in Lake Hills Resubdivision-Unit 9, an Addition to the Town of St. John,

As per plat thereof, recorded in Plat Book I00 Page 32, in the Office of the Recorder of Lake

County, Indiana

Property No.

45-11-28-180-001.000-035

COMMONLY KNOW AS:

8664 Overlook Point, St. John, In.

CONTRACTOR:

The Woodshop DCUMENT 1S

NOTICE IS GIVEN PURSUANT TO INDIANA LAW AND DOES NOT ECT ADVERSELY ON YOU OR YOUR CONTRACTOR This Document is the property of

Please take notice that Von Tobel Corporation has furnished materials to the contractor or a subcontractor for use in the above-described construction or remodeling project of which you are the owner and/or actual or intended occupant. Such materials were furnished by Von Tobel Corporation to the project and consist of building materials. This notice is provided in compliance with Indiana Statute Indiana Code Section 32-8-3-1 regarding payment to subcontractors and material suppliers and permitting the filing of a mechanic's lieu against real estate in the event of non-payment.

WARNING TO OWNER: THIS NOTICE IS REQUIRED BY THE INDIANA CONSTRUCTION LIEN ACT. IF YOU HAVE QUESTIONS ABOUT YOUR RIGHTS AND DUTIES UNDER THIS ACT, YOU SHOULD CONTACT AN ATTORNEY TO PROTECT YOU FROM THE POSSIBILITY OF PAYING TWICE FOR THE IMPROVEMENTS TO YOUR PROPERTY.

STATE OF INDIANA COUNTY OF LAKE

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Before me, a Notary Public in and for said County and State, appeared

John Arehart on behalf of Von Tobel Corp. and acknowledged the execution of the foregoing document.

Dated this 11th day of March, 2016

Janet F. Aranda My commission expires:

6/10/16 A resident of Lake County, IN

THIS INSTRUMENT PREPARED BY: Janet Aranda at Von Tobel Corporation 751 E. US RT. 30,

PO Box 465 Schererville, IN 46375

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.

AMOUNT \$____ CASH_V_CHARGE_ CHECK#. OVERAGE. COPY_

MON-CONF