

2016 016385

2016 MAR 17 PM 12: 10

MICHAEL B. BROWN RECORDER

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

NAME OF OWNER (S):

City of Hammond by and through its Redevelopment Commission

GRANTEE ADDRESS (S):

649 Conkey St.

Hammond, In. 46324

Legal Description:

Lot 20 in Parrish View Addition to the City of Hammond, as per plat thereof, recorded in Plat Book

101, Page 19 in the Office of the Recorder of Lake County, Indiana

Deed#

2014 017193

COMMONLY KNOW AS:

3130 170th Dr., Hammond, IN. 46320

CONTRACTOR:

Homes of Distinction, LLC.

NOTICE IS GIVEN PURSUANTA REFLECT ADVERSELY ON YOU O INDIANA DAW AND DOES NOT OR YOUR CONTRACTOR

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

> VON TOBEL CORPOR 751 E. US RT. Box 46

STATE OF INDIANA COUNTY OF LAKE

) SS

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 18th day of March, 2016

Janet F. Aranda 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_ NON-CONF.

DEPUTY____