

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 035903

2016 JUN -9 PM 12: 34

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

NOTICE OF LIEN RIGHTS

TO: **Mary Kay Heindel, Trustee, Under the Trust Agreement dated 11/08/89**
7511 109th Avenue
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 **10870 Park Street, Crown Point, IN 46307** and legally described as follows: **PT. OF THE E.495FT OF N.352FT OF NW NE S.8 T.34 R.7** 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 **May 16, 2016** and was ordered by **Henderlong Homes**, contractor. It is anticipated that additional material will be delivered during construction. Pursuant to **I.C. 52-28-3-1**, 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: **June 8, 2016**

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

Shirley M. Schilling
Shirley M. Schilling, Secretary, 8900 Wicker Ave., St. John, IN 46373

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

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 the penalties of perjury, stated that the facts and matters therein set forth are true and correct.

Witness my hand and Notarial Seal this **8th** day of **June**, 2016.

Jane Lionberger
Jane Lionberger
Notary Public

My Commission Expires **10/03/22**
Resident of the County of Lake

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
CASH CHARGE _____
CHECK # _____
OVERAGE _____
COPY _____
NON - COM _____
CLERK RN