

2016 057327

2016 AUG 24 AM 8: 52

MICHAEL 5. BROWN RECORDER

SWORN STATEMENT OF INTENTION TO HOLD LIEN

To: Debra A. Tassi and Ronald V. Tassi, H&W
Emily Grabek, Joint Tenants with Rights of Survivorship
3147 Tremont Lane
Crown Point, IN 46307

STATE OF INDIANA, COUNTY OF LAKE, SS:

The undersigned, being first duly sworn, makes and acknowledges this sworn statement of intention to hold a lien upon the property described below and says that:

1. The undersigned, Lakes of the Four Seasons Property Owners' Association, Inc., an Indiana Corporation, 1048 Lakeshore Drive, Crown Point, Indiana, 46307, intends to hold a lien on land legally described as follows:

Lot Numbered 723 in Lakes of the Four Seasons, Unit No. 7, as shown on Plat Book 38, Page 9, in the Recorder's Office of Lake

County, Indiana; Commonly known as 3147 Tremont Lane, Crown Point, IN 46307. as well as on all buildings, other structures and introduction to connected therewith.

2. The amount claimed under this statement is One Thousand Nine Hundred Thirty-One Dollars and 62/100 (\$1,931.62), plus interest thereon.

This Document is the property of

3. This lies is in accordance with the terms and conditions in paragraph 1.3.3.4 of the Restrictive Covenants of Lakes of the Four Seasons as recorded in the Office of the Recorder of Lake, County, Indiana.

Lakes of the Four Seasons

Property Owners' Association, Inc.

By: Richard G. Cleveland

Subscribed and sworn to before me, a Notary Public, in and for said County and State, by Richard G.

| Cleveland, Community | Manager of Lakes of the | he Four Seas | ons Property Ow | mers Association, I | nc., this |
|----------------------|-------------------------|---------------|-----------------|---------------------|-----------|
| day of August | 2016. Witness my han | id and notari | al seal. | 0 | 4,1 |
| | | | | X 4/1 | |
| | | 2 | (Bon | | lekerof |
| | | | Caryn L. Whitel | head, Notary Publ | ic |
| My Commission Expi | res: February 21, 20 | 1 Kg SEA | Resident County | y: 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.

I hereby certify that I have this ____ day of _____, 2016, mailed a duplicate of this notice, first-class postage prepaid, to the within named property owner at ____

Recorder of _____ County, Indiana
This Instrument prepared by: Brian E. Less, P.O. Box 98, Hebron, IN 46341

This communication is from a Debt Collector.

This is an attempt to collect a debt and any information obtained will be used for that purpose.

| AMOUNT \$ | 11- |
|-----------|--------|
| | |
| CHECK # | Souy 7 |
| OVERAGE | |
| COPY | |
| NON-COM_ | |
| CLERK | Q-1 |

