

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 057747

2016 AUG 25 AM 8:52

MICHAEL B. BROWN
RECORDER

SWORN STATEMENT OF INTENTION TO HOLD LIEN

To: **Atul Kumar**
c/o AKF Investments
864 Madison St.
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, Lake Dalecarlia Property Owners' Association, Inc., an Indiana Corporation, 4665 Main, Lowell, Indiana, 46356, intends to hold a lien on land legally described as follows:

02-03-0094-0012
Common Address: 16015 Appr Parkview Ct, Lowell, IN 46356
Dalecarlia L.12 BL.13

as well as on all buildings, other structures and improvements located thereon or connected therewith. Commonly known as: 5527 W 153rd Ave, Lowell, IN 46356

2. The amount claimed under this statement is Five Hundred Twenty-Three Dollars & 94/100 (\$523.94), plus interest thereon.

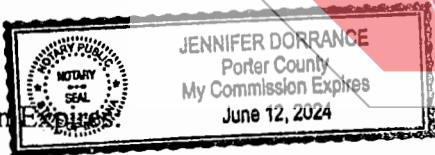
3. This lien is in accordance with the terms and conditions in paragraph 5.B of the Restrictive Covenants of Lake Dalecarlia as recorded in the Office of the Recorder of Lake County, Indiana,

Lake Dalecarlia Property Owners' Association, Inc.

By:

Lane Linder, President

Subscribed and sworn to before me, a Notary Public, in and for said County and State, by Lane Linder, President of Lake Dalecarlia Property Owners' Association, Inc., on this 18 day of July, 2016.
Witness my hand and notarial seal.



My Commission Expires 06/12/2024

Jennifer Dorrance, Notary Public
Resident County: Porter

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.

Jennifer Dorrance

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, (21973-49), P.O. Box 98, Hebron, IN 46341

AMOUNT \$ 11-
CASH _____ CHARGE _____
CHECK # 2595
OVERAGE _____
COPY _____
NON-COM _____
CLERK AA