STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 019366

**2017 MAR 2**4 PM 12: 53

MICHAEL B. BROWN RECORDER

## NOTICE TO OWNER OF DELIVERY AND EXISTENCE OF LIEN RIGHTS <u>THIS IS ONLY A NOTICE</u>

NAME OF OWNER (S):

City of Hammond by & through its Redevelopment Commission

GRANTEE ADDRESS (S):

5925 Calumet Ave. Rm 315 Hammond, IN. 46323

Legal Description:

Lot 19 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.

Property# 45-07-09-431-007.000-023

COMMONLY KNOW AS:

3126 170<sup>th</sup> Dr., Hammond, IN.

CONTRACTOR:

Homes of Distinction, LLC.

NOTICE IS GIVEN FURSUAND TO INDIANA LAW AND DOES NOT CONTRACTOR

Please take notice that Von Tol erials to the contractor or a subcontractor for use in the above-described construction or remodeling project of which type are the pwine and 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 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.

> ON TOBEL CORPORATION 751 E. US.RT. General Manage

STATE OF INDIANA COUNTY OF LAKE

) SS

Before me, a Notary Public in and for said County and State, appeared Peter Lawson on behalf of Von Tobel Corp. and acknowledged the execution of the foregoing document.

Dated this 24th day of March 2017

Commission Expires June 10, 2024

JANET F ARANDA

**Notary Public** Lake County, State of Indiana

THIS INSTRUMENT PREPARED BY: Von Tobel Corporation, John Arehart, General Manager 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.

> CHARGE CASH -CHECK #-

OVERAGE.

COPY. NON-COM LM

AI EBY