

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 071147

2017 OCT 20 PM 3:31

MICHAEL B. BROWN  
RECORDER

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

NAME OF OWNER (S): Bosko, Ivan & Dimtrija Josifoski  
GRANTEE ADDRESS (S): 10579 Pike St.  
Crown Point, IN. 46307

Legal Description: Prairie Crossing of Winfield Lot 38  
As recorded in the Office of the Recorder of Lake County, Indiana  
Property# 45-17-08-352-002.000-047

COMMONLY KNOW AS: 11471 Jay St., Crown Point, IN. 46307

CONTRACTOR: Steiner Homes, LTD.

NOTICE IS GIVEN PURSUANT TO INDIANA LAW AND DOES NOT  
REFLECT ADVERSELY ON YOU OR YOUR CONTRACTOR

Please take notice that Von Tobel Corporation has furnished materials to the contractor or a subcontractor for use in the above-described construction or remodeling project of which you are the owner and/or actual 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.

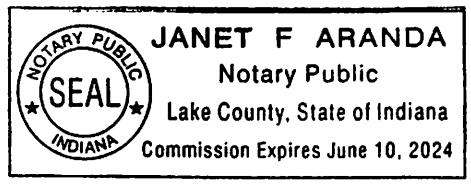
WARNING TO OWNER: THIS NOTICE IS REQUIRED BY THE INDIANA CONSTRUCTION LIEN ACT. IF YOU HAVE QUESTIONS ABOUT YOUR RIGHTS AND DUTIES UNDER THIS ACT, YOU SHOULD CONTACT AN ATTORNEY TO PROTECT YOU FROM THE POSSIBILITY OF PAYING TWICE FOR THE IMPROVEMENTS TO YOUR PROPERTY.

VON TOBEL CORPORATION  
751 E. US RT. 30  
P.O. Box 465  
Schererville, IN 46375

BY: *[Signature]*  
John Arehart, General Manager

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 19<sup>th</sup> day of October, 2017



*[Signature]*  
Janet F. Aranda

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.

*[Signature]*

AMOUNT \$ 25  
CASH  CHARGE   
CHECK # \_\_\_\_\_  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK AA