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2020-083231

2020 Nov 17

10:14 AM

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD MICHAEL B BROWN RECORDER

## SWORN STATEMENT OF INTENTION TO HOLD ASSESSMENT LIEN

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.

TO: David Scott

10319 Nelson Street Crown Point, IN 46307

STATE OF INDIANA COUNTY OF LAKE

Document is NOT OFFICIAL

The undersigned Board of Directors of Doubletree West POA, Inc., first duly sworn, make this Sworn Statement of Intention to Hold Assessment Lien upon the property described below and say that: The undersigned, the Lake County Recorder!

Doubletree West POA, Inc. P.O. Box 1425 Crown Point, IN 46308-1425

intends to hold lien for non-payment of Association assessments, late fees, attorney's fees, covenant violation fees, and filing fees (through September 15, 2020), plus any and all Association assessments, late fees, attorney's fees, or other fees and costs assessed or incurred in the future on land commonly known as 10319 Nelson Street, Crown Point, Indiana 46307, and legally described as follows:

LOT 200, IN DOUBLETREE LAKE ESTATES WEST PHASE SEVEN, AN ADDITION TO LAKE COUNTY INDIANA, RECORDED MAY 21, 2007 AS INSTRUMENT NUMBER 2007-041373, PLAT BOOK 101 PAGE 43, AND CORRECTED BY PLAT OF CORRECTION RECORDED AUGUST 7, 2007 AS INSTRUMENT NO. 2007-054034, IN PLAT BOOK 101 PAGE 73 AND AMENDED BY CERTIFICATE OF CORRECTION RECORDED MARCH 14, 2008 AS DOCUMENT NO. 08-18529 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as 10319 Nelson Street, Crown Point, Indiana 46307

Parcel No. 45-17-05-252-016.000-047

and all subsequent corrections and amendments thereto, recorded in the Office of the Recorder of Lake County, Indiana, as well as on all buildings, other structures and improvements located thereon or connected therewith.



The amount claimed under this Statement is Four Thousand Two Hundred Seventy-One and 55/100 (\$4,271.55) Dollars as of September 15, 2020, and includes late fees, attorney's fees, covenant violation fees, filing/recording fees, plus any and all Association assessments, late fees, attorney's fees, or other fees and costs assessed or incurred in the future.

This assessment has been put of record for services furnished by the Association to the above-named homeowner of the above-named Association of the above-described real estate as authorized by said Declaration of Covenants, as amended.

Dated this O day of November, 2020 ument is

## NOT OF Doubletree West POA, Inc.

This Document is the property of the Lake County Reviewed Villars, President

Before me, a Notary Public, in and for said County and State, this day of November, 2020, personally appeared Michael Villars, President of Doubletree West POA, Inc., and acknowledged the execution of the foregoing Release of Sworn Statement of Intention to Hold Assessment Lien, and having been duly sworn, stated that the representations contained therein are true?

SEAL OF Commission Number 645280 My Commission Expires June 19, 2021

My Commission Expires: 6/19/21

Rebecca Gallas, Notary Public Resident of Lake County

My Commission Number: 645280

EXECUTED AND DELIVERED in my presence:

Witness's Signature]

Witness: Jan R. Hon

[Witness's Printed Name]

STATE OF INDIANA )
SS:
COUNTY OF LAKE )

Before me, a Notary Public in and for said County and State, personally appeared Jan R. Hon [Witness's Name], being known to me to be the person whose name is subscribed as a witness to the foregoing instrument, who, being duly sworn by me, deposes and says that the foregoing instrument was executed and delivered by Michael Villars, President of Doubletree West POA, Inc. in the above-named subscribing witness's presence, and that the above-named subscribing witness is not a party to the transaction described in the foregoing instrument and will not receive any interest in or proceeds from the property that is the subject of the transaction.



My Commission Expires: 6/19/21

Rebecca Gallas, Notary Public Resident of Lake County My Commission Number: 645280

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.

Shawn D. Cox

This instrument prepared by:

499294.1/19822-1-A

Shawn D. Cox, Attorney at Law 8700 Broadway, Merrillville, Indiana 46410