

NOT AN OFFICIAL DOCUMENT

NOTICE OF LIEN FOR UNPAID HOMEOWNERS ASSOCIATION ASSESSMENT

To: Kelsey M & Kinsley D Fry
859 Village Glenn Drive
Lowell, IN 46356

YOU ARE HEREBY NOTIFIED that Sierra Ridge Homeowners Association, Inc., whose address is P.O. Box 1082, Crown Point, Indiana 46307, in accordance with Indiana Code §§32-28-14-5 and 32-28-14-6 and Section 7.7 of the Restrictive Covenants for the subdivision, holds a lien on the following described real estate:

Lot 51, Sierra Ridge Subdivision, Unit 2 Phase 2, as shown in Plat Book 114, Page 96, in the Office of the Recorder of Lake County, Indiana.

Common Address: 859 Village Glenn Drive, Lowell, Indiana 46356

Parcel ID: 45-19-22-177-020.000-038

and all improvements thereon for the amount of not less than \$200.00, plus interest accrued thereon from January 1, 2023 (the date such assessment was due), at the rate of eighteen percent (18%) per annum, for unpaid homeowners' association assessments, plus any other sums that may become due thereafter.

The undersigned individual executing this instrument, having been duly sworn upon his or her oath under the penalties of perjury, hereby states that the claimant intends to hold a lien upon the above-described real estate and that the facts and matters set forth in the foregoing statement are true and correct.



Name: Christopher Adams, Director
Sierra Ridge Homeowners Association, Inc.

STATE OF INDIANA, COUNTY OF LAKE, SS:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named Chris Adams the Director of Sierra Ridge Homeowners Association, Inc., who acknowledged the execution of the foregoing notice of lien for unpaid homeowners' association assessments, and who, having been duly sworn under the penalties of perjury, stated that the facts and matters stated therein set forth are true and correct.

WITNESS, my hand and Notarial Seal this 13th day of Oct, 2023



Notary Public (signature)

My Commission Expires:
Notary County:



THIS INSTRUMENT PREPARED BY: Christopher Adams, Director

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security Number in the document, unless required by law.

I hereby certify that I have this ___ day of _____, 2023, mailed a duplicate of this notice, first-class postage paid to the within named property owner at _____.

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2023-028756

8:42 AM 2023 Oct 18

Recorder of _____ County, Indiana

ck 25-
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