

GINA PIMENTEL
RECORDER
2024-030713
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED
12:32 PM 2024 Oct 25

NOTICE OF LIEN FOR DELINQUENT SEWER ACCOUNT

TO THE RECORDER OF LAKE COUNTY, INDIANA:

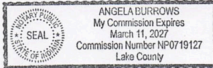
Pursuant to IC 36-9-23, the undersigned District Manager of Lake Dalecarlia Regional Waste District, a municipal corporation formed and acting pursuant to IC 13-26, hereby submits its notice of intention to hold a lien for delinquent sewer fees and penalties on the following described real estate, in the itemized amount shown below, plus delinquencies accruing thereafter until this lien is released, to-wit:

Legal description:	DALECARLIA FAIRWAY SUB 1SST SECT LOT 46 PAR 14
Key Number:	45-19-01-404-007.000-007
Owner:	JESSICA BRANDMAYR
Property address:	15413 RALSTON PLACE, LOWELL, IN 46356
Mailing Address:	15413 RALSTON PLACE, LOWELL, IN 46356
Account No:	78005201
Delinquency date:	10/21/24
Delinquent Sewer fees:	327.08
Penalties (10%):	32.72
Delinquent Stormwater surcharge:	0.00
Penalties:	0.00
Lien recording fee:	25.00
Lien Release recording fee:	25.00
Certification fee:	20.00
Statutory service charge:	5.00
TOTAL:	434.80

The undersigned further states that the amount of said delinquencies and penalties so submitted are true and correct computations as shown in the records of Lake Dalecarlia Regional Waste District, Lowell, Indiana, and that no payment therefor has been received.

Nicole Walkowiak
Nicole Walkowiak, District Manager
Telephone: (219) 696-4035

STATE OF INDIANA)
COUNTY OF LAKE)
SS)



Before me, a Notary Public in and for said County and State, personally appeared Nicole Walkowiak, who acknowledged the execution of the foregoing Notice of Lien for Delinquent Sewer Account, and who, having been duly sworn, under the penalties of perjury, stated that the facts and matters therein set forth are true and correct, this 24th day of OCTOBER, 2024.

My Commission Number: NP0719127
My Commission Expires: March 11, 2027
Resident of: Lake County, Indiana

Angela Burrows
Angela Burrows, Notary Public

Pursuant to IC 36-2-11-15, 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: *Nicole Walkowiak* Date signed: 10/24/24
Printed: Nicole Walkowiak

Return this document to: Lake Dalecarlia Regional Waste District
15901 Briargate Place
Lowell, Indiana 46356



This instrument prepared by David Kacmarik, Attorney at Law
209 South Main Street, Crown Point, Indiana 46307

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CL#605883
CK