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CS2459

SWORN STATEMENT OF INTENTION TO HOLD LIEN (NOTICE OF MECHANIC'S LIEN)

To: Tri-City Comprehensive Community Health Center, Inc. and/or
Foundation for Comprehensive Mental Health, 5801 Vermont St., Merrillville,
OWNER'S NAME AND ADDRESS

Indiana, 46410

STATE OF Indiana, COUNTY OF Lake, SS:

The undersigned, being first duly sworn, makes this sworn statement of intention to hold a lien upon the property described below and says that:

1. The undersigned John Stolarz d/b/a John's Electric
(INDIVIDUAL'S NAME) (CORPORATE OFFICER'S NAME) (ETC.)
125 East Joliet, Schererville, Indiana 46375

intends to hold a lien on land commonly known as _____
5802 Vermont St., Merrillville, Indiana 46410
STREET CITY STATE

and legally described as follows:

Part of the West 1/2 of the NW 1/4 of the SE 1/4 of Section 3,
Township 35, Range 8. 1.686 acres
239.33 feet by 418.33 feet by 123.41 feet by 401.5 feet
Key #15-17-47

STATE OF INDIANA
CLAY COUNTY
RECORDS & DEEDS
SEP 29 10 27 AM '82
WILLIAM SIELSKI JR
RECORDER

as well as on all buildings, other structures and improvements located thereon or connected therewith for work and labor done and for materials and machinery furnished by the undersigned in the erection, construction, altering, repairing and removing of said buildings, structures and improvements for such work and labor and for such materials and machinery.

2. The amount claimed under this statement is Two thousand Dollars (\$ 2,000.00).

3. The work and labor were done and the materials and machinery were furnished by the undersigned within the last sixty days.

John W. Stolarz d/b/a John's Electric, 125 E. Joliet, Schererville, IN
CLAIMANT'S SIGNATURE CLAIMANT'S ADDRESS

Subscribed and sworn to before me, a notary public, by John W. Stolarz,
this 27th day of September, 1982. Witness my hand and notarial seal.

My commission expires: September 7, 1985

Elizabeth A. Cornelison
NOTARY PUBLIC

I hereby certify that I have this _____ day of _____, 19____ mailed a duplicate of this notice, first-class, postage prepaid, to the within named property owner at _____
(Latest address shown on tax records)

Recorder of _____ County

This instrument prepared by Richard S. Tebik, Attorney at Law.
707 Ridge Road
Munster, IN 46321
Phone: 219/836-4350

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5-50/15