

**101792**  
**SWORN STATEMENT OF INTENTION TO HOLD LIEN**  
**(NOTICE OF MECHANIC'S LIEN)**

To: Green Geriatric Health Care Partners II, Ltd.  
2052 Delaware Street, Gary, Indiana 46407  
OWNER'S NAME AND ADDRESS

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 Dalton Corporation by President Maynard A. Krueger  
located at 1015 Massachusetts Street, Gary, Indiana 46402  
intends to hold a lien on land commonly known as Green Geriatric Health Center  
2052 Delaware Street Gary Indiana 46407  
STREET CITY STATE

and legally described as follows:

Lots 9 to 16, both inclusive, Block 4, and the vacated part of the 20-foot alley lying south of and contiguous to said Lot 13, John Gunzenhauser's Second Subdivision in the City of Gary, as shown in Plat Book 17, page 4, in Lake County, Indiana.



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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.

Twenty-Seven Thousand Nine Hundred Sixty-Five and 24/100  
2. The amount claimed under this statement is Indiana Dollars (\$ 27,965.24).  
3. The work and labor were done and the materials and machinery were furnished by the undersigned within the last sixty days.

Maynard A. Krueger  
President, Dalton Corporation  
1015 Massachusetts Street, Gary, IN

STATE OF Indiana }  
COUNTY OF Lake } SS:

Before me, a Notary Public in and for said County and State, personally appeared Maynard A. Krueger who acknowledged

the execution of the foregoing Sworn Statement and Notice of Intention to Hold Mechanic's Lien, and who, having been duly sworn under the penalties of perjury, stated that the facts and matters therein set forth are true and correct.

Witness my hand and Notarial Seal this 9th day of May, 19 90.  
My commission expires 2-4-93 Signature Laurie L. Reed  
Resident of State County Printed Laurie L. Reed  
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 Joseph S. Irak, 506 e. 86th Ave., Merrillville, IN 46410, Attorney at Law.

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