

MELHADIC
CLAIM OF LIEN

State of Indiana

October 28, 1996

County of Lake

SS,

Before me, the undersigned Notary Public, personally appeared James E. Foster
who duly sworn says that he is (the lienor herein) (the agent of the lienor herein)
FOSTCORP HEATING & COOLING, INC.

(Lienor's Name)

whose address is 364 N. 725 W., Hobart, In. 46342
(Lienor's Address)

and that in accordance with a contract with ANDERSON BROTHERS CONSTRUCTION CO., INC.

lienor furnished labor, services or materials consisting of: (Describe specially fabricated materials separately)
Installation of H.V.A.C.

on the following described real property in Lake County, State of Indiana:
(Describe real property sufficiently for identification, including street and number, if known)

949 Sullivan St., Hobart, In. 46342
DuckCreek Heights, Unit 1, Lot 16 Key#17-316-6 Unit #27

owned by Anderson Brothers Construction Co, Inc. (Original James & Debra Coats)
of a total value of Four Thousand Seven Hundred Fifty and no/100 dollars (\$4,750.00)

of which there remains unpaid \$ 3,857.00 and furnished the first of the items on 9-9
1996 and the last of the items on September 11, 1996 and (if the lien is claimed
by one not in privity with the owner) that the lienor served his notice to owner on 9-12, 1996

by Mail and, (if required) that the lienor served copies of the
(Method of Service)

notice on the contractor on 9-12, 1996, by Mail and on the
(Method of Service)

subcontractor on 9-12, 1996, by Mail
(Method of Service)

FOSTCORP HEATING & COOLING, INC.

Lienor,

By James E. Foster, President
Agent
James E. Foster, President



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96 NOV -4 PM 12: 26

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

State of Indiana

County of Lake

On October 28, 1996 before me, Diana M. Foster, appeared

James E. Foster, President of Fostcorp Heating & Cooling, Inc.

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to be that he/she/they executed the same in his/her/their authorized
capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the
person(s) acted, executed the instrument.

WITNESS my hand and official seal:

Signature Diana M. Foster
(Signature of Notary) Diana M. Foster

Expires February 16, 1999

County of Porter

Affiant X Known Produced ID
Type of ID Ind. Drivers License (Seal)

**1 1/2% Interest Charged Monthly if not paid on time (this is one months - \$57.00/October)
This is 80% Rough-In

11.00
OK# 2934