CLAIM OF LIEN

Staté of INDIANA

2004 045576

County of LAKE

Before me, the undersigned Notary Public, personally Teresa Moreno who duly sworn says that he is (the

lienor herein) (the agent of the lienor herein) Self whose address is 4324 S. Hermitage, Chicago, IL. 60609 and that in accordance with a contract with Sonia Moreno -

Avalos

licnor furnished labor, services or materials consisting of: (Describe specially fabricated materials separately)

Borrowed money to remodoled 551 Gostlin St., borrowed money for plumbing for 551 Gostlin St., purchase bed for Sonia Moreno, disconnection/cancellation fees of two cell phones, two roundtrip tickets from Mexico to Chicago.

on the following described real property in Lake County, State of Indiana: (Describe real property sufficiently for identification, including street and number, if known) 551 Gostlin St. and 4637 Juliusun Ave, both located in Hammond, Indiana, 46327 4734

owned by Sonia Moreno-Avalos of a total value of Forty Thousand Five Hundred and Fourteen Dollars SEE ATTAC HARLET (\$46,402.21) of which there remains unpaid \$0.00, and furnished the first of the items on February 23, 2000 and the lien is claimed by one not in privity with the owner) that the lien or served his notice to owner on January 12, 2004 by person. (Method of Service) and, (if required) that the tienor served copies of the notice on the contractor on January 22, 2004, by person, (Method of Service) and on the subcontractor on [Enter date subcontractor was served], 20[Enter year], by [Describe how notice was delivered (i.e., by mail, in person, to a co-worker, etc.)]. (Method of Service)

SEE ATTACHED LEGAL DESCRIB TION ರು 3 \Box This Document is the or 3 the Lake County Record

Agent

State of [To be filled out by notary] County of [To be filled out by notary]

On [To be filled out by notary] before me, [To be filled out by notary], appeared [To be filled out by notary] 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 me 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

OFFICIAL SEAL ANGELICA CORRAL NOTARY PUBLIC, STATE OF ILLINOIS-MY COMMISSION EXPIRES 5/19/2007

Affiant Known Residen Type of ID

Produced ID Alren

(Seal)

CLAIM OF LIEN

State of INDIANA

County of LAKE

Before me, the undersigned Notary Public, personally Teresa Moreno who duly sworn says that he is (the lienor herein) (the agent of the lienor herein) Self

whose address is 4324 S. Hermitage, Chicago, IL 60609 and that in accordance with a contract with Sonia Moreno - Avalos

lienor furnished labor, services or materials consisting of: (Describe specially fabricated materials separately)

Borrowed money to remodeled 551 Gostlin St., borrowed money for plumbing for 551 Gostlin St., purchase bed for Sonia Moreno, disconnection/cancellation fees of two cell phones, two roundtrip tickets from Mexico to Chicago and final pay-off of Chase Bank credit card.

on the following described real property in Lake County, State of Indiana: (Describe real property sufficiently for identification, including street and number, if known) 551 Gostlin St. and 4637 Johnson Ave, both located in Hammond, Indiana, 46327

owned by Sonia Moreno-Avalos of a total value of Sixty-Thousand Seven Hundred-Forty-Six and Fifty-Six Cents Dollars (\$60,746.56) of which there remains unpaid \$0.00, and furnished the first of the items on February 23, 2000 and the last of the items on February 22, 2003 and (if the lien is claimed by one not in privity with the owner) that the lienor served his notice to owner on January 12, 2004 by person. (Method of Service) and, (if required) that the lienor served copies of the notice on the contractor on January 22, 2004, by person, (Method of Service) and on the subcontractor on [Enter date subcontractor was served], 20 [Enter year], by [Describe how notice was delivered (i.e., by mail, in person, to a co-worker, etc.)]. (Method of Service)

NOT OFFICIAL!

State of [To be filled out by notary]

County of [To be filled out by notary]

On [To be filled out by notary] before me, [To be filled out by notary], appeared [To be filled out by notary] 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 me 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

Signature of Notary

Affiant Known Produced ID
Type of ID RESIDENT ALLEN TO

(Seal)

"OFFICIAL SEAL"

RUTH EILAND

Notary Public, State of Illinoi

Notary Public, State of Illinois My Commission Expires August 6, 2005 Browse Exit Go Help Report Tools

	- Unit	y Address-	GOSTLIN ST		
Acct 3301710033 Name AVALOS, SONIA		Land Impr Total	23000	23000 56900	—Homestead 5600 0 5600 0
Addr 551 GOSTLIN Hammond IN 4 GOSTLIN AD		als			
	Classification/A Prop Cls 429 Co Total Acres Tax Dist 26	OM OTR RETA .100	District—— AIL STRUCTUR	RES	
Dwellings: Co	mmercial Buildings:	r of— 1 Condon	niniums:	Out Bui	ldings: 4
ake s	Taxpayer	Inquiry Sc		Jee Dy Do	ACTIVE





Parcel#() 007-26-34-0101-0021		02 Card		1
Number 4734 - Unit	-	JOHNSON AV	E	Homestead
Acct 3401010021	Land	10400		TIOM CO COUC
Name AVALOS, SONIA		52700		
•	Total	63100	63100	
REDIV. HOFFMANS 1ST. ADD. N. Classification Prop Cls 520 Total Acres	/Acres/Tax_ RES TWO FAM	District		20
Tax Dist 26	on of			
	er of		Out Por	ildings: 1

