2006 010236

2006 FEB -8 AM 10: 5.

MICHAEL A. BROWN RECORDER

NOTICE OF INTENTION TO HOLD MECHANIC'S LIEN

TO: Han-Bruzan Worgh Studio 6756 Indi-Illi Parkway Flammond, Indiana 46324 STATE OF INDIANA, COUNTY OF Pake) SS:
STATE OF INDIANA, COUNTY OF OCC) SS:
You are hereby notified, that Increson Intended Insulation intends to hold a Mechanic's Lien on the following described real estate: 184 W. STATE RO 130, STE 1
hot 151 STill Water Sub UNIT3 YAIPURALD, 710 46385
And commonly known as 1311 Hollow Res. Guy Court on, together with all of the improvements thereon. The amount claimed by Lienor for which it holds the above named persons liable is Through Suntan Grant Dollars (\$3,017.00), and is for work done and/or materials furnished by Lienor for the improvement of the above described real estate within the last sixty (60) days.
EXECUTED this day of TEb. , 20 06.
ATTEST:
By: Mel Spoots
(signature of officer) (Written)
(printed) (printed)
STATE OF INDIANA, COUNTY OF Jake SS:
Before me, a Notary Public in and for said County and State, personally appeared, and being duly sworn upon his oath says he is the person who executed the foregoing Notice of Mechanic's Lien, and has read the same and that the statements therein contained are true. Witness my hand and Notary Seal this day of, 2006
Notary Public Notary Public
My Commission expires: Resident Porter County, IN
This instrument prepared by: OSmiLoV

JODI HUDGINS
NOTARY PUBLIC
STATE OF INDIANA
My Commission Expires Dec. 5, 2009

13-25 Prescribed by the State Board of Accounts (2005)

County form 170

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do herby affirm under the penalties of perjury:

- 1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
- 2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

Signature of Declarant

Printed Name of Dodlarout