

3

Claim of Lien

2006 018493

2006 MAR -6 PM 12: 04

State of Illinois
County of Cook County

MICHAEL A. BROWN
RECORDER

Before me, the undersigned Notary Public, personally appeared _____
who duly sworn says that he is (the lienor herein) (the agent of the lienor herein) whose address is _____

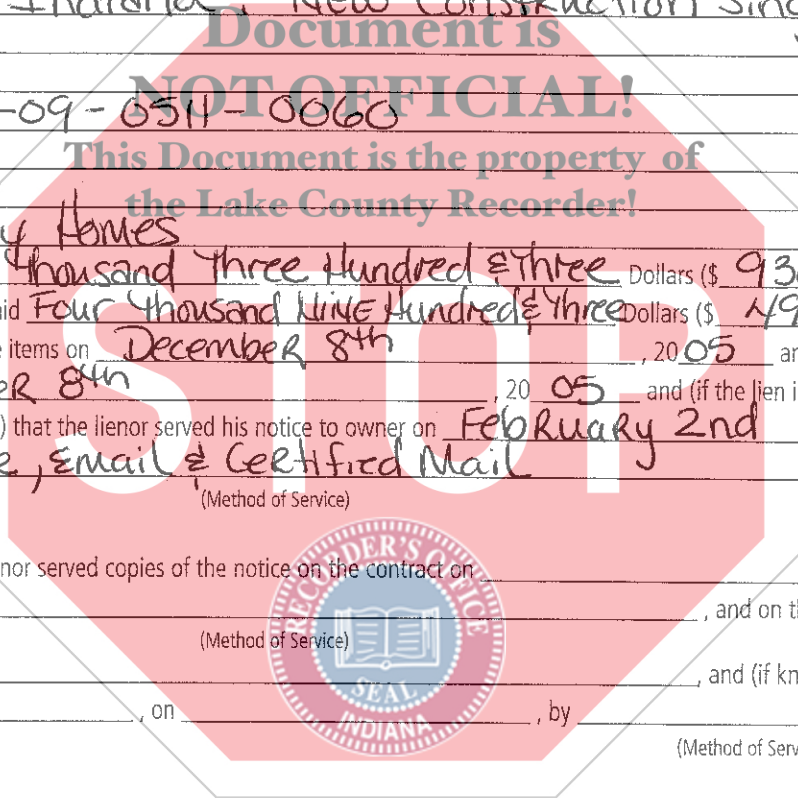
and that in accordance with a contract with Hardroc Inc.

lienor furnished labor, services or materials consisting of: (Describe specially fabricated materials separately) Supplied Material & Labor including- Granite Counter tops, Bathroom Vanities, & Fire Place Surround.

on the following described real property in LAKE County,
State of Indiana:

(Describe real property sufficiently for identification, including street and number: 818 Kendall Ct. Crown Point Indiana, New Construction Single Family Dwelling

PIN # 23-09-0511-0060



owned by Montgomery Homes of a total value of Nine thousand three hundred & three Dollars (\$ 9303.00) of which there remains unpaid Four thousand nine hundred & three Dollars (\$ 4903.00), and furnished the first of the items on December 8th, 20 05 and the last of the items on December 8th, 20 05 and (if the lien is claimed by one not in privity with the owner) that the lienor served his notice to owner on February 2nd 20 06 by phone, email & Certified Mail (Method of Service)

And, (if required) that the lienor served copies of the notice on the contract on _____, 20 _____, by _____, and on the subcontractor _____, 20 _____, by _____, and on the lender _____, on _____, by _____, and (if known) on the _____, by _____ (Method of Service)

14-05/05

Signed this 6th day of March, 2005

Lienor: Hardroc Inc.

By: _____
Officer or Agent

State of Illinois
County of Cook }

On _____, 20____ before me, _____
appeared _____

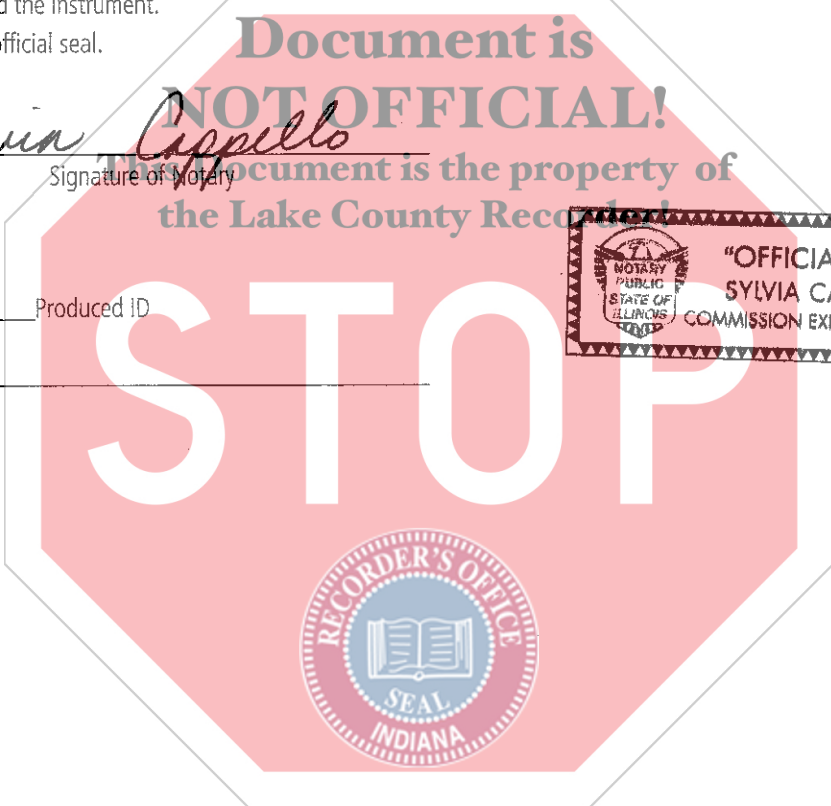
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the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

Affiant _____ Known _____ Produced ID _____

Type of ID _____
(Seal)



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 hereby 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

Donna Garvin
Printed Name of Declarant