

2006 022289

2006 MAR 17 AM 10:19

MECHANIC'S LIEN WAIVER

MICHAEL BROWN
RECORDED

Blagoja Muvceski, 1522 West 99th Place, Crown Point, Indiana 46307 ("Lienholder") has performed services for and/or provided materials to Dragan Gjikoski, 10848 HendricksSt, Crown Point, Indiana 46307 under an agreement dated February 15, 2006 for the Provided down payment of \$20,000 thousand dollars on the house located above. on property located at 10848 Hendricks st, Crown Point, Indiana 46307 and more particularly described

The Lienholder, in consideration of receiving payment for labor and/or materials provided, releases the Property and/or improvements located on the Property from any and all liens, rights, or claims, statutory or otherwise, that the Lienholder may have by reason of providing labor and/or materials for the Property and/or improvements located on the Property.

The Lienholder acknowledges that this Waiver releases the Lienholder's rights under the laws of the State of Indiana, and further acknowledges that the execution of the Waiver is the Lienholder's voluntary act and deed.

Release Doc. # 2006 012490

Dated: March 17, 2006

Document is
NOT OFFICIAL

Blagoja Muvceski
Blagoja Muvceski

This Document is the property of
the Lake County Recorder!

STOP
Before me the undersigned, A NOTARY PUBLIC IN AND FOR THE STATE OF INDIANA, PERSONALLY APPEARED BLAGOJA MUVCESKI, And, Being first duly sworn upon HIS OATH, SAYS THAT THE FACTS ALLEGED IN THE FOREGOING INSTRUMENT ARE TRUE SIGNED AND SEALED THIS 17TH DAY OF MARCH 2006.



Matthew O. Cornett

MATTHEW O. CORNETT
NOTARY PUBLIC SEAL
LAKE COUNTY, STATE OF INDIANA
MY COMMISSION EXPIRES 6/8/2008

Matthew O. Cornett
Notary Public

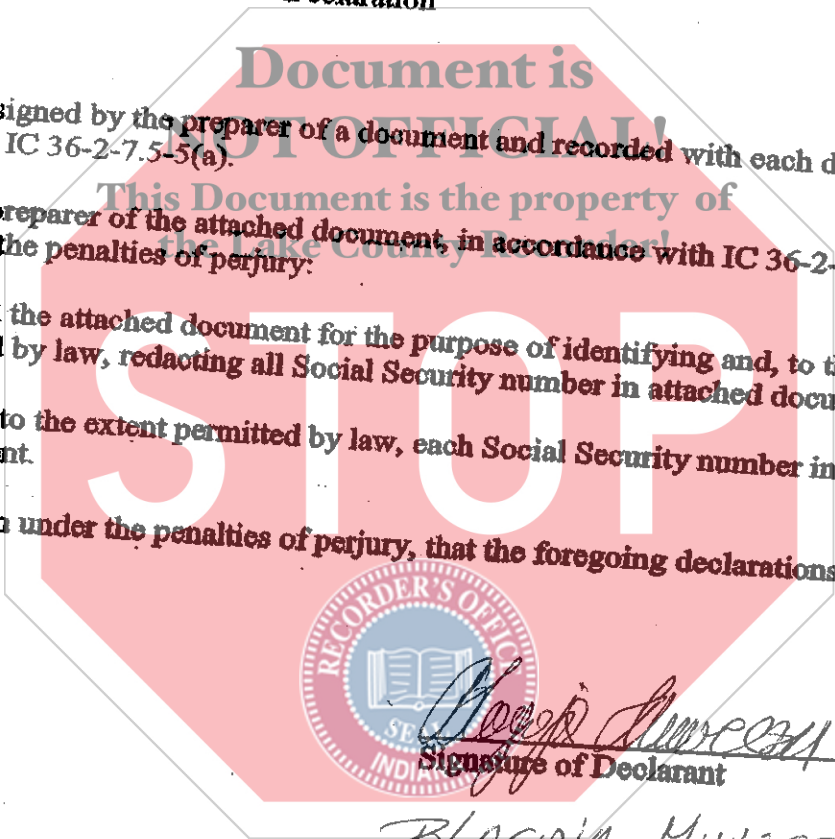
\$13
CS

CAN

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.



Blagoia Muvceski
Signature of Declarant

BLAGOIA MUVCESKI
Printed Name of Declarant