MARCH 22 , = 2006

SWORN STATEMENT AND NOTICE OF INTENTION TO HOLD MECHANIC'S LIEN

ro: <u>Barbara</u>	CAMPBELL			·
	Add	ress: <u>4829</u> E	EUCLID AVE.	
		EAST C	HICAGO, IN. 4	16362
You are hereby	notified that <u>574んぞ0~ ん</u>	·		O1
			r called "Claimant")	whose address
s 1500 POLK 5	T. GARY, IN. 4	16407		<u>2</u> 3
intend(s) to hold a M	Iechanic's Lien on the follo	owing described rea	al estate:	643
Sel	A Hached	ument is		
	NOT O This Documen	OFFICIA nt is the prop	L! erty of	2006 Y
		ounty Recor		
commonly known as	4829 EUCLIO (including St		CKICAGO, IN	16342 Smprovements
thereon, for the amo	ount of FOUR THOUS		RED FIFTY-FI	VE AND 25/100
		``') for (work and l	
which improvement	l) by Claimant for improve (s) (is)(are) more specifica	lly described as foll		
INISTALLING	AWNING AND REPL	LACEMENT WI	INDOWS ON HOM	#
•				
	III.	NDIANA LILIUM		
penalties of perjury described real estate	dividual executing this inst hereby states that Claim e and the described improve are true and correct.	nant intends to hold	d a mechanic's lien u	pon the above-
0				•
			(Signature)	
STATE OF IN	0(924)	-> How	ARD WESS, A	AFSIDENT
STATE OF INC	KE SS:	1700	(Printed)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Notary Public in and ST			
who acknowledged Mechanic's Lien, and	the execution of the foreg d who, having been duly sv a set forth are true and con	oing Sworn Staten worn, under the pen	nent and Notice of In	tention to Hold
	and Notarial Seal this		MARCH	, = 200 le
My Commission Ex		Signature	Julith B	ool
8-11-20	-	Printed	JUDITH PO	ook
		Residing in	Notary Public	_ County, Indiana.
This instrument was	s prepared by	_		attorney at law. (50)

I hereby certify that I have this day mailed first class a duplicate of this Sworn Statement and Notice of Intention to hold Mechanic's Lien to the property owner(s) named therein at the address set forth therein.

Date:		
	Recorder of	County Indiana



2006 023643

2006 MIR 22 FR 1: 41

FILED FOR RECON

Form No. 7

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SWORN STATEMENT AND

HOLD MECHANIC'S LIEN

FROM

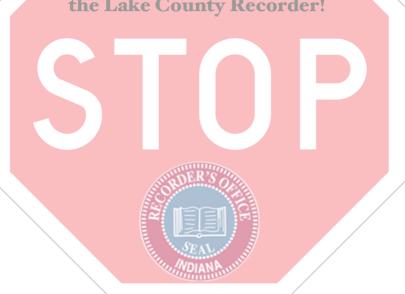
TO

Return to:

Browse Exit Go Help Report Tools

Number	4829 - Owner	Unit	Address- Street	EUCLID AVE	Assessed-	-Homestead
Acct 30021	*		Land	10500		
	BARBARA CAMP	BELL		68500		6 8500
tamo bele,	<i>5,</i> 4, 5, 111, 6, 111		Total			79000
ddr 4829	EUCLID AVE					· · · · · · · · · · · · · · · · · · ·
	Chicago IN 4	6312				
		Lega	als			
. CA	NLUMET ADD. S1	/2 L.13 BL.18 A	ALL L.14 B	L.18 DOC.2	000-02089	6,>
√ CA					000-02089	6 .>
∪A	с	classification/	Acres/Tax_	District	***	<u>6</u>
	с		Acres/Tax_	District	***	6 , >
	C	classification/	Acres/Tax_ ESD - ONE	District	***	6 . →
CA	————С F Т	Classification/A Prop Cls 510 RE Otal Acres	Acres/Tax_ ESD - ONE	District	***	6 . >
	————С F Т	Classification/A Prop Cls 510 RE Total Acres	Acres/Tax_ ESD - ONE .102	District—— FAM PLT LOT	***	6 ,)
	C F T	classification/A Prop Cls 510 RE Total Acres Tax Dist 24	Acres/Tax_ ESD - ONE .102	District——FAM PLT LOT		
	C F T	classification/A Prop Cls 510 RE Total Acres Tax Dist 24	Acres/Tax_ ESD - ONE .102	District——FAM PLT LOT		
	C F T	Classification/A Prop Cls 510 RE Total Acres	Acres/Tax_ ESD - ONE .102	District——FAM PLT LOT		
	C F T	classification/A Prop Cls 510 RE Total Acres Tax Dist 24 Number Tial Buildings:	Acres/Tax_ ESD - ONE .102	District—FAM PLT LOT		

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NOT OFFICIAL!
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the Lake County Recorder!



Prescribed by the State Board of Accounts (2005)

County form 170

Declaration

Document is

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 Declarant