SAME COUNTY LAKE COUNTY FILED FOR RECORD

2006 071191

2006 AUG 15 PM 4: 15

Mici FOWN RECCHILER

Claim	of Lien
Ciaiiii	UI LICII
Date of this Docum	ent: August 3RD Z006
Reference Number	of Any Related Documents:
Lienholder:	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Name	DIANE & CRIC Wallenius
Street Address _	18553/5, Blodgetts,
City/State/Zip _	Mokent It 60448
Property Owner:	This Document is the property of
Name _	(DD) eWallen/65 order!
Street Address _	13850 S. Butternut
City/State/Zip _	Cedar Lake INDIANO
Abbreviated Legal [Description (i.e., lot, block, plat, or section, township, range, quarter/quarter or unit, building and
condo name). <u>1 c</u>	MIL SHOW HOBITION LOT 1 BL 10
Assessor's Property	Tax Parcel/Account Number(s): 30-24-0041, -0007
State of: Ind	LIANA
County of:	KE WOUND HIS
	ersigned Notary Public, personally appeared DIANE CUMENIUS

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on the following described real property in
Indiana (Describe real property sufficiently for identification, including street and number): 13850 Butternut Cedar Cake In 4630
street and number): 13850 Butternut Cedar Lake IN 46303
<u> </u>
owned owned
by Cody Wallenius, of a
total value of Twenty Four Thous ANOBollars (\$ 24,000) of which there
remains unpaid Twenty-fove Thoward Dollars (\$ 24,000), and
furnished the first of the items on August 360, 2006, and the last of the items on
ienor served his or her notice to Owner on August 360 2006.
by Nand delivery.
(method of service).
` ,
And, (if required) that the lienor served copies of the notice on the contract on August 1574
2000, by Nama actions y . (method of service), and
on the subcontractor on
(method of service) and (if known) on the lender, on
by DIANE WMENIUS (method of service).
Signed this August day of Distinent is 20 06.
The TOTAL CONTINUES
Lienor: Mare deleuter Fichal
This Document is the property of
By (officer or Agent): the Lake County Recorder!
Tadenala
State of: "I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN DES
County of: Lake PERJURY, THAT I HAVE TAKEN REASON- SECURITY OF THE PENALTIES FOR ABLE CARE TO REDACT FAMILY ASSON-
NIMBER WINDOWS SOCIAL
hofora ma UNICS & SERVER DE LA COMPUNITATION D
appeared
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.
NOTAL POR STATE OF A S
Signature of Motary MY COMMISSION EXP. JUNE 11,2007
Signature of Atotory
AffiantKnownProduced ID
Type of ID
(Seal)