

CLAIM OF LIEN FORM

STATE OF INDIANA

COUNTY LAKE

BEFORE ME, the undersigned Notary Public, personally appeared JAMES W. O'DROBINAK who duly sworn says that he is (the lienor herein) (the agent of the lienor herein) whose address is 7836 JACKSON AVE. and that in accordance with a contract with lienor furnished labor, services or materials consisting of:

LEGAL DISCRIPTION: PT.SW.S.8.T.37 R.9.0.074A.130.6X25X130.95225FT
DOC.2002-03149

COMMONLY KNOW: 2410 SCHRAGE AVE. - WHITING, INIDANA 46394

on the following described real property in LAKE County, State of INDIANA, described as

2410 SCHRAGE AVE. and owned by ROBERT W. O'DROBINAK of a total value of dollars (\$ 10,000.00) of which there remains unpaid \$ TEN THOUSAND DOLLARD-00/100 furnished the first of the items on JUNE 22, 20 17, by

and, (if required) that the lienor served copies of the notice on the contractor on _____, 20____, by _____ and on the subcontractor on _____, 20____, by _____

Lienor JAMES W. O'DROBINAK

By:

Agent

On 8TH before me, JUNE, 2007, personally appeared JAMES W. O'DROBINAK, 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 [Handwritten Signature]

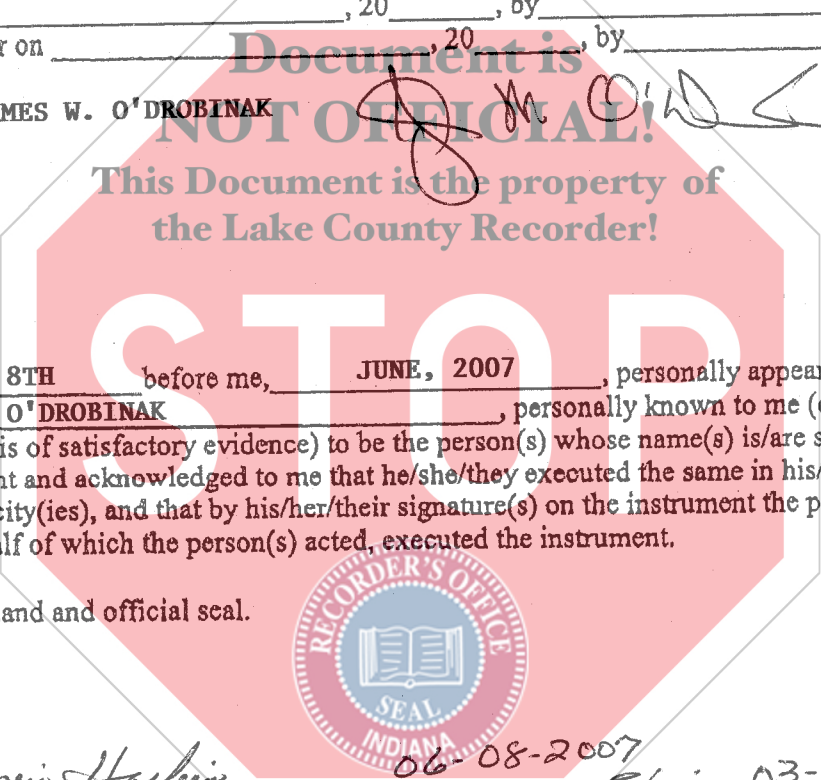
Affiant Known Unknown

ID Produced _____

(Seal)



"I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."
PREPARED BY: ROBERT W. O'DROBINAK



2007 04 7074
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
JUN 11 AM 8:55
MICHAEL A. BROWN
RECORDER

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