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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 080557

2007 OCT -9 PM 3:45

MICHAEL A. BROWN
RECORDER

Above Space Reserved for Recording

[If required by your jurisdiction, list above the name & address of: 1) where to return this form; 2) preparer; 3) party requesting recording.]

Claim of Lien

Date of this Document: 10-9-2007

Reference Number of Any Related Documents: _____

Lienholder:

Name Christine Coban for Beverly Living Center South LAKE
Street Address 8800 Virginia Place
City/State/Zip Merrillville, IN 46410

Property Owner:

Name Wanda Drake
Street Address 6620 Kansas Ave
City/State/Zip Hammond, IN 46323

Abbreviated Legal Description (i.e., lot, block, plat, or section, township, range, quarter/quarter or unit, building and condo name): Key 32-9-8 The South 10 feet of lot 8, lot 9, and the North 15 feet of lot 10, Block 7, Baldwin Addition to the City of Hammond, Lake County, Indiana, also known as 6620 Kansas Ave Hammond, IN.

Assessor's Property Tax Parcel/Account Number(s): _____

State of: Indiana
County of: LAKE

Before me, the undersigned Notary Public, personally appeared Christine Coban for Beverly Living Center South LAKE (Lienor) who duly sworn says that he/she is (the Lienor herein) (the agent of the Lienor herein) whose address is 8800 Virginia Place Merrillville, IN 46410 and that in accordance with a contract with Wanda Drake (Debtor) lienor furnished labor, services or materials, consisting of (describe specially fabricated materials separately):
Skilled Nursing Home 24 hour care 2-10-07 - 10/07
total bill \$26,565.31

\$13
CS
CRX

on the following described real property in 6620 Kansas Ave Hammond IN 46323 County, State of Lake County, Indiana (Describe real property sufficiently for identification, including street and number).

owned by Wanda Drake of a total value of Twenty six thousand five hundred sixty five Dollars (\$ 26,565.31) of which there remains unpaid 26,565.31 Dollars (\$ 26,565.31), and furnished the first of the items on _____, 20____, and the last of the items on _____, 20____, and (if the lien is claimed by one not in privity with the Owner) that the lienor served his or her notice to Owner on _____, 20____, by _____ (method of service).

And, (if required) that the lienor served copies of the notice on the contract on _____, 20____, by _____ (method of service), and on the subcontractor on _____, 20____, by _____ (method of service) and (if known) on the lender, on _____, 20____, by _____ (method of service).

Signed this 9th day of October, 2007.

Lienor: Christine Coban

By (officer or Agent): _____

State of: INDIANA

County of: LAKE

On October 9, 2007, before me, CAROL J. CODY, appeared CHRISTINE M. COBAN, 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.

Carol J. Cody
Signature of Notary



CAROL J. CODY
Notary Public
State of Indiana
My Commission Expires Oct 11, 2014

Affiant Known Produced ID
Type of ID DRIVERS License
(Seal)