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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2008 063365

2008 SEP -9 PM 3:30

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: 9-9-2008

Reference Number of Any Related Documents: 2008 048255

Lienholder:

→

Name Precision Concrete
Street Address 973 W STRA 149
City/State/Zip VALPARAISO IN 46385

Property Owner:

Name Grand Innovations Inc
Street Address 1020 LAKEVIEW DR
City/State/Zip HOBART IN 46342

Abbreviated Legal Description (i.e., lot, block, plat, or section, township, range, quarter/quarter or unit, building and condo name): LOT 55 IN LAKE GEORGE PLATEAU UNIT 7
PLAT BOOK 92 PGS 68
Document 2008 048255 - See Attachment

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

State of: _____

County of: _____

Before me, the undersigned Notary Public, personally appeared _____
(Lienor) who duly sworn says that he/she is (the Lienor herein) (the agent of the Lienor herein) whose address is
973 W - ST RA 149 VALPARAISO IN 46385 and that in
accordance with a contract with Grand Innovations (Debtor) lienor
furnished labor, services or materials consisting of (describe specially fabricated materials separately):

Basement Floor + Garage Floor



\$15
WPS

on the following described real property in Lake County, State of Ind (Describe real property sufficiently for identification, including street and number): 1020 LAKEVIEW DR

owned by _____ of a total value of _____ Dollars (\$ 5,460.00) of which there remains unpaid 5,460.00 Dollars (\$ 5,460.00), and furnished the first of the items on July, 2008, and the last of the items on August, 2008, 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 8-9-08, 2008, 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 Sept, 2008

Lienor: Byron C. Hillman / Successor Owner

By (officer or Agent): Vicepresy Dst

State of: INDIANA

County of: LAKE

On SEPTEMBER 9, 2008, before me, BARBARA J. BORTOLI, appeared BYRON C. HILLMAN, 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.

Barbara J. Bortoli
Signature of Notary



"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: buH

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



