

2008 054986

2003 SEP 16 PH 3: 06

MICHAEL A. SROWN RECORDER

LF136-04

CLAIM OF LIEN

State of Indiana County of Lake

Before me, the undersigned Notary Public, personally appeared Tim Owczarzak / Tim's Landscape

Services, Inc.

who duly sworn says that he is (the lienor herein) (the agent of the lienor herein)

whose address is 1519 N. Woodlawn Pl.

Griffithis inocassest is the property of

and that in accordance with a contract with the Cohn Rosmanitz / John Rosmanitz Builders, Inc.
P.O. Box 522

Dyer, IN 46311-0808

lienor furnished labor, services or materials consisting of: (Describe specially fabricated materials separately)

Installed irrigation & landscape materials

on the following described real property in

County,

State of Indiana

(Describe real property sufficiently for identification, including street and number, if known)

Lot # 63 in Royal Hawk Subdivision in city of Crown Point (1400 & 1406 Bohling Place)

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owned by John Rosmanitz Builders, Inc	•
of a total value of Ten Thousand One Hundred	Six and 19/100Dollars
(\$ 10, 106.19) of which there remains unpaid \$ 4	
furnished the first of the items on October 29,	, 2007 (year) and the last of the
items on June 23, , 20	O8 (year) and (if the lien is claimed by one not in
privity with the owner) that the lienor served his notice to own	neron September 16,
2008 (year) by mail (Method of Service)	
and, (if required) that the lienor served copies of the notice on	the contractor on ,
(year), by (Method of Service)	, and on the subcontractor
on ,	(year), by (Method of Service)
Signed this 16th day of September	2008 (year).
NOT OFFI This Document is the Lake Constant	
the Bake Objuity	Agent
State of Indiana County of Lake On September 16, 2000efore me, appeared Tim Owczarzak Maria Mo	HEPARED BY:
personally known to me (or proved to me on the basis of satist is/are subscribed to the within instrument and acknowledged to a authorized capacity(ies), and that by his/her/their signature(s) behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.	factory evidence) to be the person(s) whose name(s) me that he/she/they executed the same in his/her/their
Signature of Notary	AffiantKnown Produced ID
	(Seal)