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2008 066012

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2008 SEP 19 PM 1:43

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: 9-19-08

Reference Number of Any Related Documents: \_\_\_\_\_

Lienholder:



Name Golden Living Center  
Street Address 3175 Lancer Street  
City/State/Zip Portage, IN 46368

Property Owner:

Name Eleanor Knish  
Street Address 6713 Harrison Court  
City/State/Zip Merrillville, IN 46410

Abbreviated Legal Description (i.e., lot, block, plat, or section, township, range, quarter/quarter or unit, building and condo name):

Turkey Creek Meadows Unit No. 5 ALL L. 333

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

State of: Indiana  
County of: LAKE

Before me, the undersigned Notary Public, personally appeared Sonya King for Golden Living Center  
(Lienor) who duly sworn says that he/she is (the Lienor herein) (the agent of the Lienor herein) whose address is  
3175 Lancer Street Portage, IN 46368 and that in  
accordance with a contract with Eleanor Knish (Debtor) lienor  
furnished labor, services or materials consisting of (describe specially fabricated materials separately):  
Skilled Nursing Care 6-30-08 - 9-30-08 \$ 14,319.31

*delivered  
13.00  
CS*

on the following described real property in 6713 Harrison Ct, Merrillville, IN 46416 County, State of \_\_\_\_\_  
(Describe real property sufficiently for identification, including street and number): \_\_\_\_\_

by Elenora Knish owned of a total value of fourteen thousand three hundred nineteen dollars 31¢ Dollars (\$ \_\_\_\_\_) of which there remains unpaid \_\_\_\_\_ Dollars (\$ 14,319.31), 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 19 day of September, 2008.

Lienor: Smya King for Golden Living Center

By (officer or Agent): \_\_\_\_\_

State of: \_\_\_\_\_  
County of: \_\_\_\_\_

On Sept. 19, 2008, before me, Pamela G Broda, 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.

Pamela G Broda  
Signature of Notary



**Pamela G. Broda**  
**Notary Public**  
**State Of Indiana**  
**My Commission Expires 03-3-2016**

Affiant Known  Produced ID  
Type of ID Drivers License  
(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: \_\_\_\_\_