

A. :

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2008 066376

2008 SEP 23 PM 2:25

MICHAEL A. BROWN  
RECORDER

Recording requested by: Kirk Kusmiz

When recorded, mail to:

Name: KIRK KUSMIZ

Address: 1361 E 86<sup>th</sup> PLACE

City: MERRILLVILLE

State/Zip: IN 46410

Space above reserved for use by Recorder's Office

Document prepared by:

Name KIRK KUSMIZ

Address 1361 E 86<sup>th</sup> PLACE

City/State/Zip MERRILLVILLE, IN 46410

### Claim of Lien

State of INDIANA

County of LAKE

I, KIRK KUSMIZ FOUR SEASONS SUN ROOMS, being duly sworn, state the following:

In accordance with an agreement to provide labor and/or material, I did furnish the following labor and/or materials:

on the following described real property located in LAKE County,

State of INDIANA, commonly known as:

THE NORTH ONE HALF OF THE NORTH HALF OF THE NE QUARTER ON THE NE QUARTER OF SECTION 35, TOWNSHIP 36 NORTH, RANGE 8 WEST OF THE SECOND PRINCIPAL MERIDIAN, IN THE CITY OF HOBART, LAKE COUNTY, INDIANA, EXCEPT: THE SOUTH 75 FEET OF THE EAST 175 FEET OF THE NORTH HALF OF THE NORTH HALF ON THE NE QUARTER OF THE NE QUARTER OF SECTION 35, TOWNSHIP 36 NORTH, RANGE 8 W OF THE SECOND PRINCIPAL MERIDIAN, IN THE CITY OF HOBART, LAKE COUNTY, STATE OF INDIANA.

which property is owned by MELINDA M. RAYTER, whose address is 116 S. LIVERPOOL

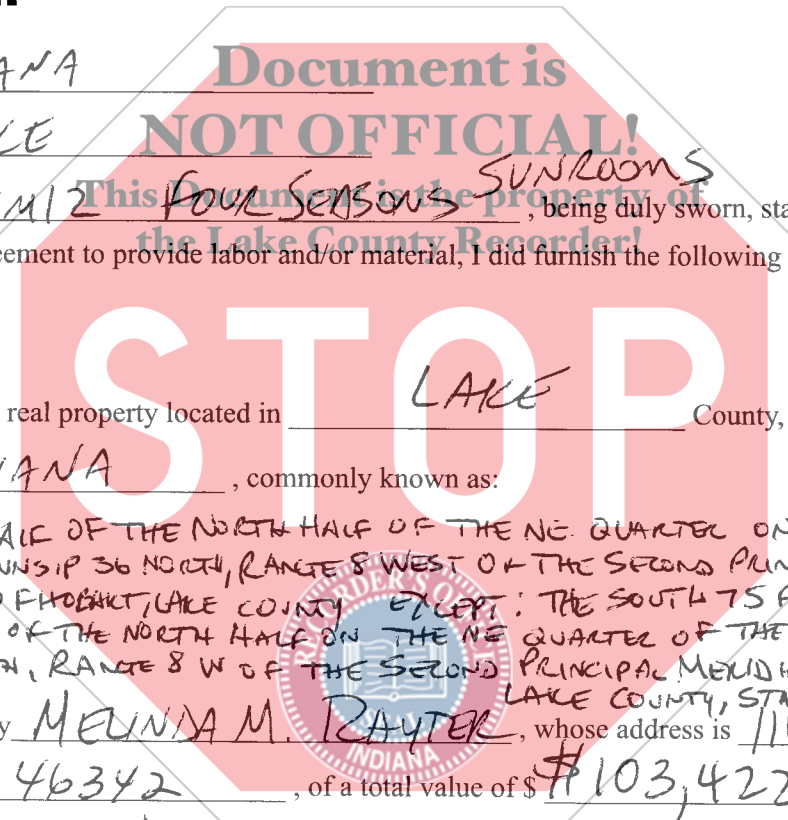
HOBART, IN 46342, of a total value of \$ \$103,422.00, of which there

remains unpaid \$ 26,108.68, and I further state that I furnished the first of the items on the date of

MARCH 14, 2008, and the last of the items on the date of SEPTEMBER 9, 2008

I hereby, under the laws of the State of INDIANA, claim a lien against the above-described property in the amount of money, stated above, which remains unpaid to me.

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9/25



Kirk Kusmiz FOUR SEASONS SUNROOMS  
Signature of Person Claiming Lien

Kirk Kusmiz FOUR SEASONS SUNROOMS  
Name of Person Claiming Lien

Address of person claiming lien:  
1361 E. 86th PLAZA  
MERRILLVILLE, IN 46410

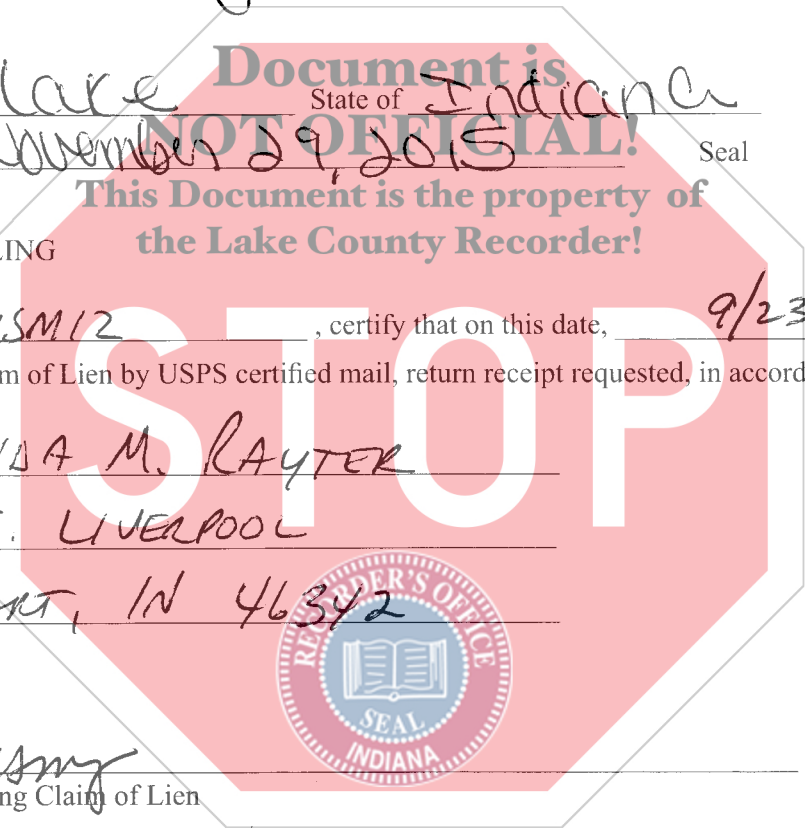
On September 23, 2008, Kirk J. Kusmiz came before me personally and, under oath, stated that he/she is the person described in the above document and that he/she signed the above document in my presence.

Heena Arife  
Notary Signature

Notary Public,

In and for the County of Lake State of Indiana

My commission expires: November 29, 2015 Seal



CERTIFICATE OF MAILING

I, Kirk Kusmiz, certify that on this date, 9/23/08, I have mailed a copy of this Claim of Lien by USPS certified mail, return receipt requested, in accordance with the law, to:

Name: MELINDA M. RAYTER

Address: 116 S. LIVERPOOL

Date: HOBART, IN 46342

Kirk Kusmiz  
Signature of Person Mailing Claim of Lien

Kirk Kusmiz FOUR SEASONS SUNROOMS  
Name of Person Mailing Claim of Lien

"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: [Signature]