2008 076125



200 NOV -6 PH 1: 15

MICHAEL A. BROWN RECORDER

Recording requested by:	
When recorded, mail to:	
Name: AJ+S TRUCKING,/NC	Space above reserved for use by Recorder's Office
Address: 2027 DAVIDSON PL	Document prepared by:
City: WHITING	Name_JOSEPH M. PERZ
State/Zip: //V 46394	Address 2027 DAVIDSON PC
(	City/State/Zip WH 171WG, IN 46394
Claim of Lien	
Door	Temporat in
State of INDIANA DOCI	ament is
County of LAKE NOTO	FFICIAL!
I JOSEPH M. PERZ DEAL AT	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:
ROAD 2010	The Trong on the
on the following described real property located in	CAKE County.
-	
State of NOIANA, commo	only known as:
GERENITY CARE SEN	INDEPENDENT LIVING
FACILITY and legally described as:	6 A167, 112
DUNES HI-WAY RLTY CO'S	197 SUB LOIS AND DYNES HAVYY
0010 197 SUB. LOTS 25 TO 47	VAC ALLEY ADT AND DYNES HONAY !
which property is owned by SENENTY LA	KE GENIN, whose address is 528 WELTON
PD, UARY, 100	f a total value of \$ 22,828.34, of which there arther state that I furnished the first of the items on the date of
remains unpaid \$ \( \frac{1}{2}, \frac{8}{3}\frac{8}{3}\frac{3}{4} \), and I for	urther state that I furnished the first of the items on the date of
8/25/48 and the last of	the items on the date of $\frac{9/8/08}{LP}$
, and the last of	LP
	CS
I hereby, under the laws of the State of	, claim a lien against the above-described
property in the amount of money, stated above, which	remains unpaid to me.

Signature of Person Claiming Lien

Name of Person Mailing Claim of Lien

JOSEBH M. PERZ DBA AJIS TRYCKING, INC
Name of Person Claiming Lien
Address of person claiming lien:  2027 DAVIDSON PC  WHITING (IN 462,94)
On <u>Hovember</u> 6, 2008 JOSEPH M. PERE 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.
Sthee M Hoshau
Notary Signature
Notary Public,  Documents
In and for the County of State of State of
My commission expires: May 2 2009 Seal
CERTIFICATE OF MAILING the Lake County Recorder!  I, JOSEPH M. PERE , certify that on this date, Nov 6,2008, I have
mailed a copy of this Claim of Lien by USPS certified mail, return receipt requested, in accordance with the law, to:
Name: GENENITY LAKE SEMON LLC C/S DARNAIL LYLES  Address: 5528 MELTON RD GMY, IN
Address: 5528 MELTON RD WAY, IN
Date: NOV 6, 2008
Milliams Moiana Moiana
Signature of Person Mailing Clarm of Lien
JOSEPH M. PERT