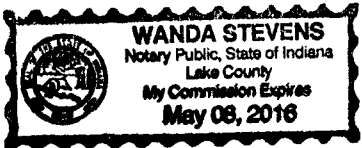


2



STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2008 076128

2008 NOV -6 PM 1:29

MICHAEL A. BROWN  
RECORDER

*Wanda S. Stevens*

Recording requested by: Todd Harbrecht

When recorded, mail to:

Name: Lifehouse Homes

Address: 207 W. 163rd Ave

City: Lowell

State/Zip: IN 46356

Space above reserved for use by Recorder's Office

Document prepared by:

Name: Todd Harbrecht

Address: 207 W. 163rd Ave

City/State/Zip: Lowell, IN 46356

### Claim of Lien - Intent

State of Indiana

County of Lake

I, Lifehouse Homes / Todd Harbrecht, 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:

A single family residence

on the following described real property located in Lake County,

State of Indiana, commonly known as:  
18349 Kaiti Drive, Lowell, IN 46356

and legally described as:

Lot 24 Beverly Estates an addition to the Town of Lowell, as per plat thereof, recorded in Plat Book 102 pg 82, in the office of the Recorder of Lake County, Indiana  
which property is owned by Railroad Manor Development Company, LLC whose address is 3294 Nelson Lane

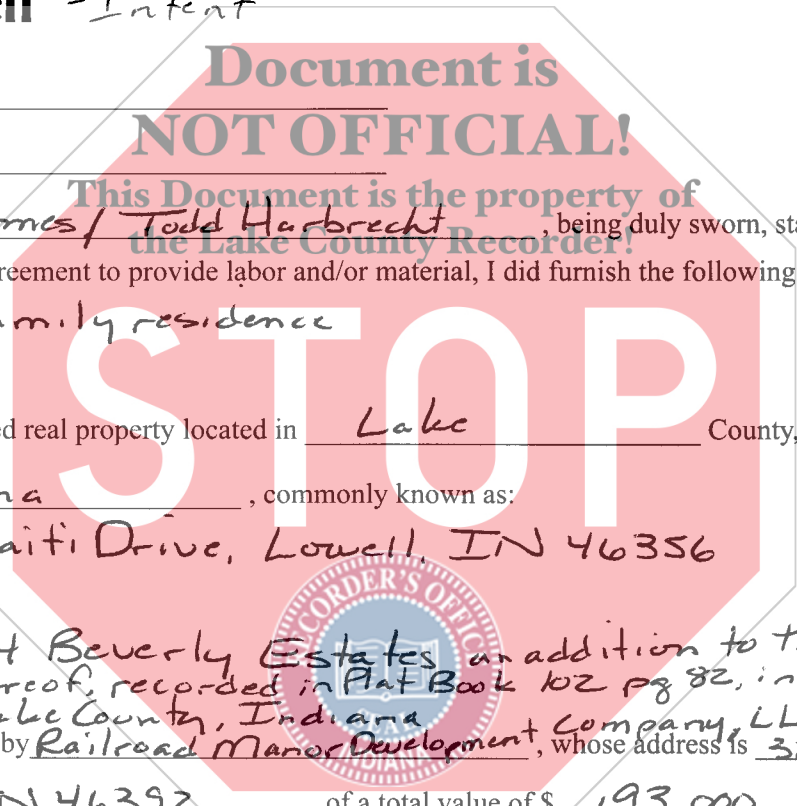
Wheatfield, IN 46392, of a total value of \$ 193,000, of which there

remains unpaid \$ 193,000, and I further state that I furnished the first of the items on the date of 5/1/08

, and the last of the items on the date of 11/6/08

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.

*Todd Harbrecht* 11/6/08



*[Handwritten Signature]*

Signature of Person Claiming Lien

*Todd Harbrecht*

Name of Person Claiming Lien

Address of person claiming lien:

On Nov 6, 2008, Todd Harbrecht 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.

*Wanda S. Stevens*

Notary Signature

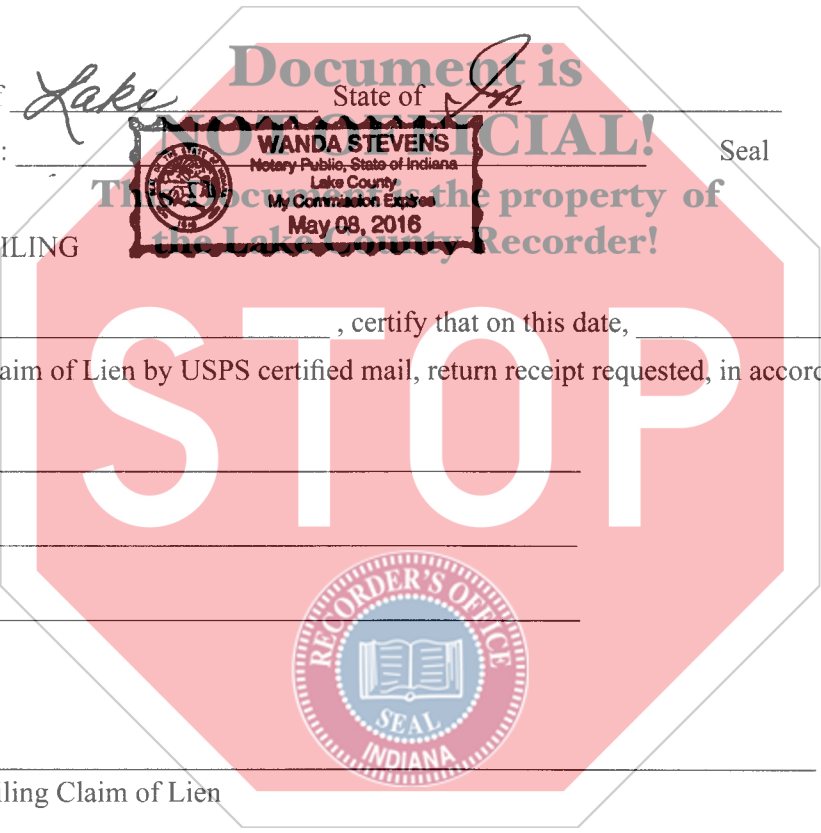
Notary Public,

In and for the County of Lake State of IN

My commission expires: \_\_\_\_\_ Seal



CERTIFICATE OF MAILING



I, \_\_\_\_\_, certify that on this date, \_\_\_\_\_, I have mailed a copy of this Claim of Lien by USPS certified mail, return receipt requested, in accordance with the law, to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Person Mailing Claim of Lien

Name of Person Mailing Claim of Lien