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2009 021035

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2009 APR -1 AM 10:58
MICHAEL A. BROWN
RECORDER

Recording requested by: _____

When recorded, mail to: _____

Name: TILTON CONSTRUCTION LLC.

Address: 4585 W 161ST AVE.

City: LOWELL

State/Zip: IN. 46356

Space above reserved for use by Recorder's Office

Document prepared by:

Name MARK WOLGEMUTH

Address 14717 W 225TH AVE

City/State/Zip LOWELL IN 46356

Claim of Lien

State of INDIANA

County of LAKE

I, MARK WOLGEMUTH, 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:

and legally described as: PT W 1/2 SW 1/4 NE 1/4 S. 23 T. 33 R. 9 2.52 AC

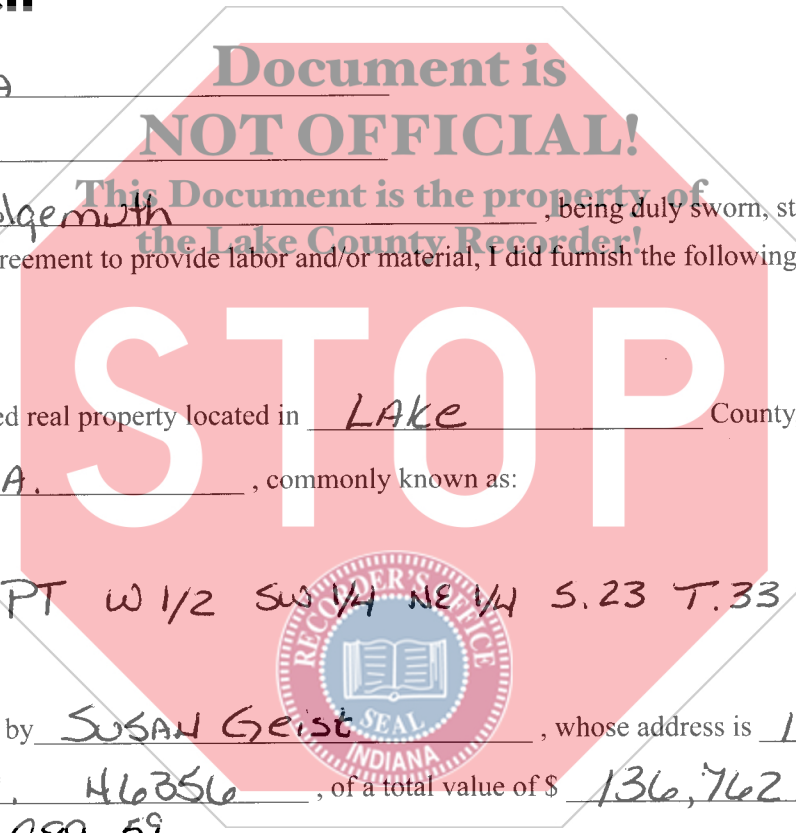
which property is owned by SUSAN GEIST, whose address is 17619 MORSE ST.

LOWELL, IN. 46356, of a total value of \$ 136,762.80, of which there

remains unpaid \$ 55,989.59, and I further state that I furnished the first of the items on the date of

11-26-2007, and the last of the items on the date of 2-21-2009.

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.



#13
CS
CA

Mark Wolgemuth
Signature of Person Claiming Lien

MARK Wolgemuth, T. L. Fox Construction LLC
Name of Person Claiming Lien

Address of person claiming lien: 4585 W 161st AVE Lowell, IN. 46356

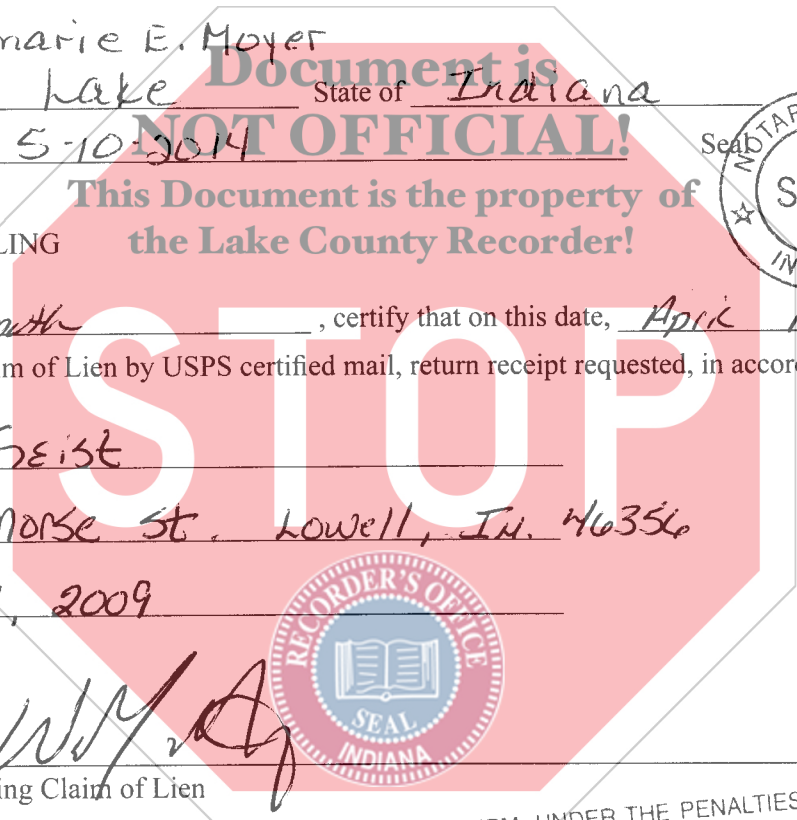
On April 1, 2009, Mark Wolgemuth came before me personally and, under oath, stated that he/she is the person described in the above document and that he/she signed the above document in my presence.

Rosemarie E. Moyer
Notary Signature

Notary Public, Rosemarie E. Moyer

In and for the County of Lake State of Indiana

My commission expires: 5-10-2014



CERTIFICATE OF MAILING

I, Mark Wolgemuth, certify that on this date, April 1, 2009, I have mailed a copy of this Claim of Lien by USPS certified mail, return receipt requested, in accordance with the law, to:

Name: SUSAN GEIST

Address: 17619 Morse St. Lowell, IN. 46356

Date: April 1, 2009

Mark Wolgemuth
Signature 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."

MARK Wolgemuth
Name of Person Mailing Claim of Lien

PREPARED BY: MARK Wolgemuth