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RECORDED
DEPT. OF REVENUE

Recording requested by: Robert Berry

When recorded, mail to:

Name: Berry Builders / Robert Berry

Space above reserved for use by Recorder's Office

Address: 205 S. Delaware St.

Document prepared by:

City: Hobart

Name Robert Berry

State/Zip: Indiana 46342

Address 205 S. Delaware St.

City/State/Zip Hobart In. 46342

Claim of Lien

State of Indiana

County of LAKE

I, Robert Berry, Berry Builders, 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:

1536 Center Street
Whiting Indiana, 46394

and legally described as:

Lakefront Commons Unit 2 Lot 19

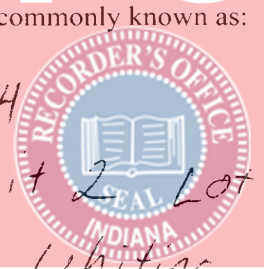
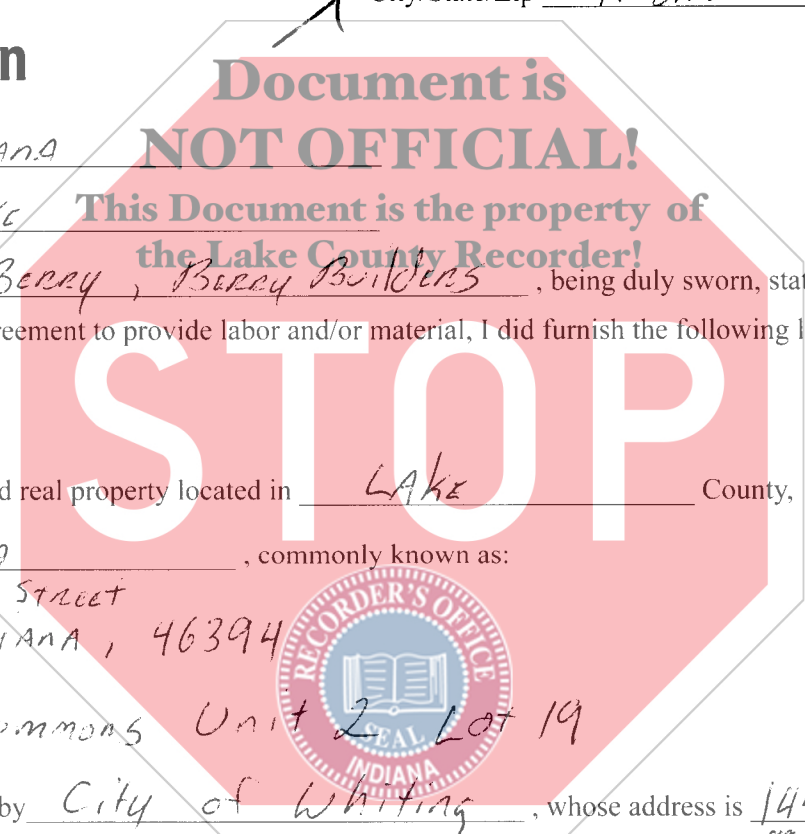
which property is owned by City of Whiting, whose address is 1443 119th St.

Whiting Indiana 46394, of a total value of \$ 12,477⁰⁰, of which there

remains unpaid \$ 10,377⁰⁰, and I further state that I furnished the first of the items on the date of

10-20-08, and the last of the items on the date of 2-19-09.

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
CMA

Robert Berry
Signature of Person Claiming Lien

Robert Berry
Name of Person Claiming Lien

Address of person claiming lien:

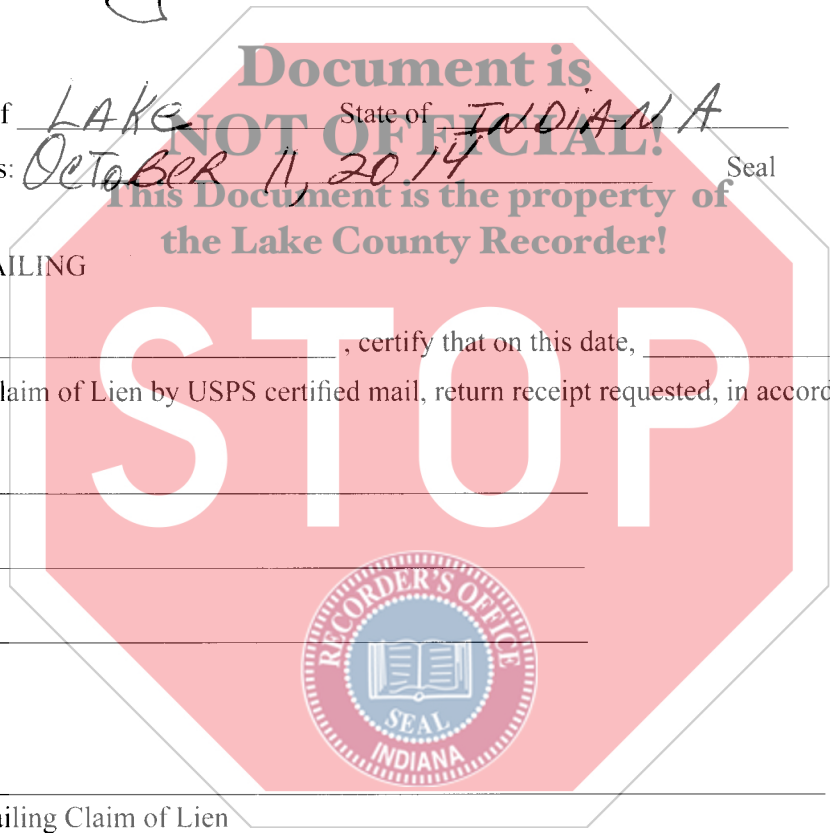
On April 9, 2009, ROBERT E. BERRY came before me personally and, under oath, stated that he/she is the person described in the above document and that he/she signed the above document in my presence.

Carol J. Cody
Notary Signature

Notary Public,

In and for the County of LAKE State of INDIANA
My commission expires: October 11, 2014 Seal

CAROL J. CODY
Notary Public
State of Indiana
Commission Expires Oct 11, 2014



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