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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 065765

2009 SEP 28 AM 11:09

MICHAEL A. BROWN
RECORDER

LF136-04

CLAIM OF LIEN

State of Indiana

County of Lake

Before me, the undersigned Notary Public, personally appeared *↓* Randall Santy d/b/a Randy's

Plumbing Serv who duly sworn says that he is (the lienor herein) (the agent of the lienor herein)
whose address is P.O. Box 365 Lowell, IN 46356

and that in accordance with a contract with Grand Manor Homes, LLC

lienor furnished labor, services or materials consisting of: (Describe specially fabricated materials separately)

Plumbing Material & Labor.

26419 GREENWOOD
ALE,
CHET, IL 60417

on the following described real property in

Lake County,

State of Indiana

(Describe real property sufficiently for identification, including street and number, if known)

Lot #23 Carriage Crossing
709 Longwood
Lowell, IN 46356

Unit #2 Phase 1



13^w
CK 3268

RM

owned by Grand Manor Homes, LLC
of a total value of Eight-Thousand Six-Hundred and 00/100 Dollars
(\$ 8,600.00) of which there remains unpaid \$ 8,600.00 , and

furnished the first of the items on June 8, 2009 and the last of the
items on July 29, 2009 and (if the lien is claimed by one not in
privity with the owner) that the lienor served his notice to owner on

20 by _____
(Method of Service)

and, (if required) that the lienor served copies of the notice on the contractor on August 29, 2009
20 by Phone _____, and on the subcontractor
(Method of Service)

on _____, 20____, by _____
(Method of Service)

Signed this _____ day of _____, 20____.

"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."

Randall L. Sauty
Lienor
W/B/A RADDY'S PLUMBING SERVICE
By: _____
P.O. Box

PREPARED BY: Cheryl L. Austgen
Agent

365- Cowell
IWI.
46356

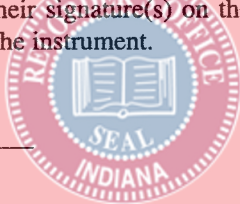
State of Indiana
County of Lake

On September 28, 2009 before me, Cheryl L. Austgen
appeared

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature Cheryl L. Austgen
Signature of Notary



Affiant _____ Known _____ Produced ID _____
Type of ID _____

My Commission Expires July 6, 2017 (Seal)