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2009 080756

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2009 DEC -4 AM 11:29
MICHAEL A. BROWN
RECORDER

Recording requested by: Radosav Kljajic

When recorded mail to:

Name: Daniel Chorak

Address: 7103 McCook Avenue

City: Hammond

State/Zip: Indiana 46323

Space above reserved for use by Recorder's Office

Document prepared by:

Name: Radosav Kljajic

Address: 4802 Orchard Drive

City/State/Zip: Griffith, Indiana 46319

Claim of Lien

State of Indiana

County of Lake

I, Radosav Kljajic

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:

Insurance work, per contract

on the following described real property located in Lake County,

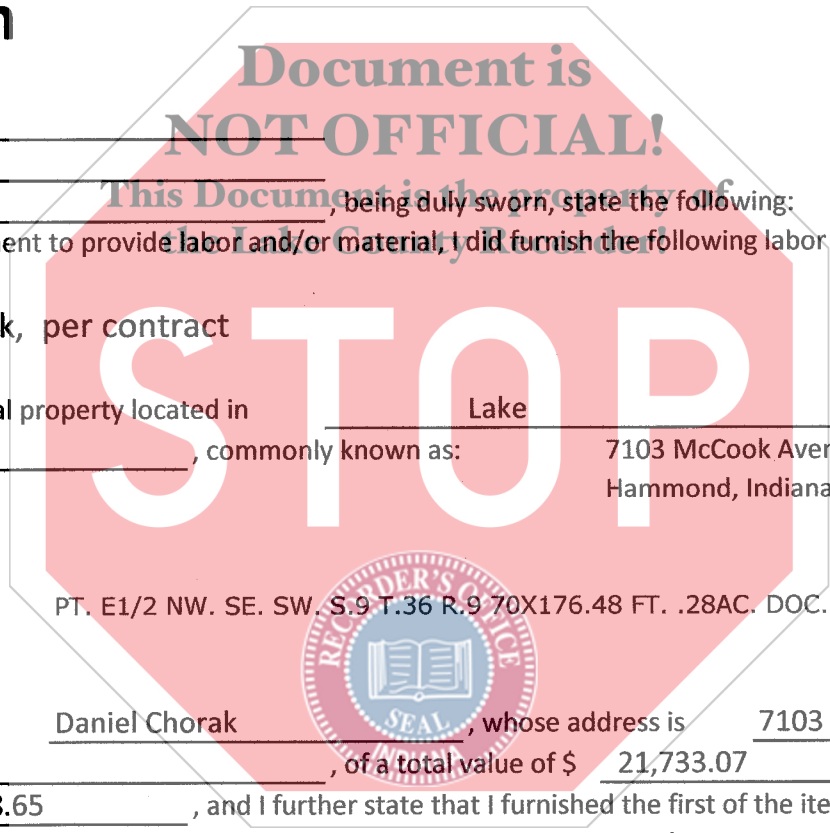
State of Indiana, commonly known as: 7103 McCook Avenue
Hammond, Indiana 46323

and legally described as: PT. E1/2 NW. SE. SW. S.9 T.36 R.9 70X176.48 FT. .28AC. DOC. 2001-060659

which property is owned by Daniel Chorak, whose address is 7103 McCook Avenue
Hammond, Indiana 46323, of a total value of \$ 21,733.07, of which there

remains unpaid \$ 2,748.65, and I further state that I furnished the first of the items on the date of June 18th 2009, and the last of the items on the date of October 21st 2009.

I hereby, under the laws of the State of Indiana, claim a lien against the above- described CS property in the amount of money, stated above, which remains unpaid to me.



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Radosav Kljajic
Signature of Person Claiming Lien

Radosav Kljajic
Name of Person Claiming Lien

Address of Person Claiming Lien: 4802 Orchard Drive
Griffith, Indiana 46319

On December 4, 2009 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 Public
State of Indiana
My Commission Expires Oct 11, 2014

Carol J. Cody
Notary Signature
Notary Public, CAROL J. CODY
In and for the County of LAKE State of INDIANA
My commission expires: OCTOBER 11, 2014

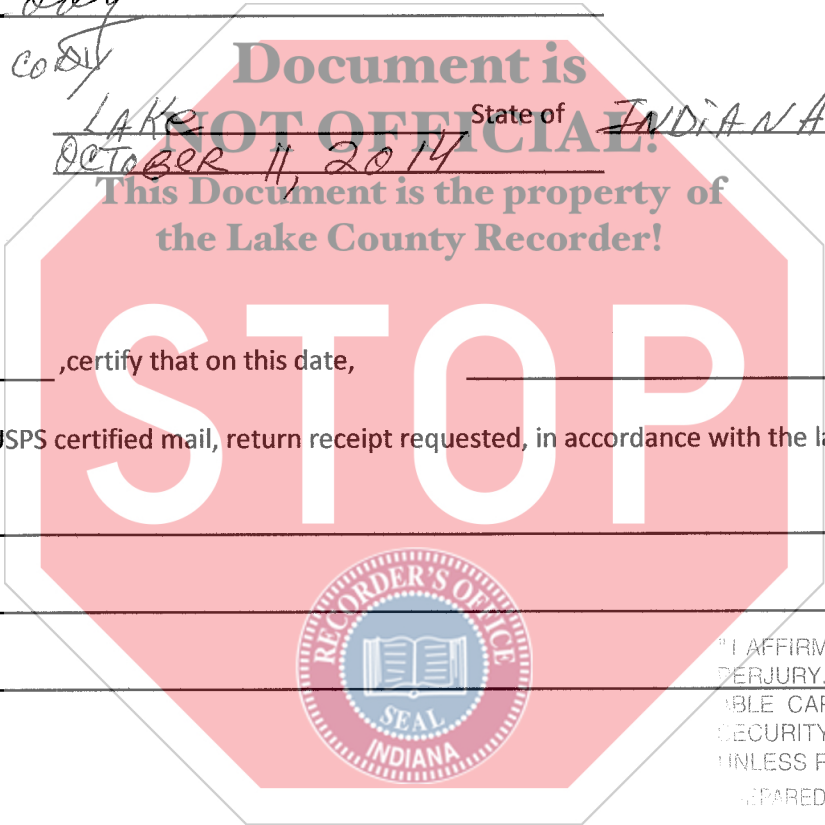
Certificate of Mailing

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

Name: _____

Address: _____

Date: _____



"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."

PREPARED BY: [Signature]

Signature of Person Mailing Claim of Lien

Name of Person Mailing Claim of Lien