STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2010 013784

2010 MAR 15 AM 11: 45

MICHELLE R. FAJMAN RECORDER

WAIVER OF LIEN FINAL

State of Indiana,	LAKE		_County, ss
Whereas, the undersigned	ed Popa HEATing &	Cooking has	been heretofore employed by
Sophia Sowa	1	to furnish co	ertain material and labor, to wit:
Install 95% fornace	25Tg V. SpEED, 145EE	to furnish ce e A/c homidifier Modify	dustor the building owned by
Sophin Sowa		and located on 7148	TAPPER HAMMOND, IN
Lot (2) Block Thred B3)	in Edison Add, in the C	and located on 7148 ty of Hammond, LAKE County:	FN PLAT Back 30, Pg. 89
In consideration of the sum of Eight Thousand Six Huntul Twenty On Dollars (\$ 8,62/00) and other			
good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned hereby and			
now waives and releases unto the said Sophia Social is			
the owner of said premises, and all lien, right of lien, or claim of whatsoever kind of character on the above described			
building and real estate, on account of any and all labor or material, or both, furnished for or incorporated into said building			
by the undersigned; and	DA HEATING & COOL	is the property of	further certify that
the consideration moving to t	he undersigned for executing	g this Waiver of Lien has been i	mutually given and accepted as
absolute cash payment and not	as a conditional or part payn	nent or as security for payment.	
			RELEASE DOC#
Signed, sealed, and delive	ered this date MARCI	4 15, , 20/0	2010 013461
	ered this date MARCI	de Por	
	A CONTRACTOR OF THE CONTRACTOR	Ann PODA	
		Ш	WALL
State of Indiana, County of	Lake The	R'S ON SS	
Before me, the undersigned, a Notary Public in and for said County this date Meach 15, 2010			
		caling , and acknow	
foregoing Waiver of Lien.	E. I.	VANA ULIU	
Witness my hand and offi	cial seal.	Minu	
My commission expires $\sqrt{\mathcal{N}_{\omega}}$	ich 9 Zoile	Kelmaiden	, Notary Public
-	Si	gnature	
County of Residence		Keny I Wan	(Printed)
This instrument prepared by: _	Yat A. Popa	Resident of	County

"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."

Form # 122

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