

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 059906

2010 OCT 14 PM 3:23

MICHELLE B. FAJMAN
RECORDER

**SWORN STATEMENT OF
INTENTION TO HOLD LIEN
(NOTICE OF MECHANIC'S LIEN)**

To ALPINE HOMES
1504 North Main Street
Crown Point, IN 46307

Owners name and address

State of Indiana, County of LAKE ss:

The undersigned being first duly sworn, makes this sworn statement of intention to hold a lien upon the property described below and says that:

1. The undersigned **William Hylek, Four Seasons Mechanical, Inc.** intends to hold a lien on land legally described as follows:

Lake Hills Resubdivision, Unit 3, Lot 39

And commonly known as) 8790 Winding Trail, St. John, Indiana 46373, as well as on all building, other structures and improvements located thereon or connected therewith for work and labor done and/or materials and machinery furnished by the undersigned in the erection, construction, altering, repairing and removing of said buildings, structures and improvements.

2. The amount claimed under this statement is **Seven Thousand Seven Hundred and Fifty dollars (\$7,750.00)**. The work and labor were done, and materials and machinery were furnished by the undersigned within the last sixty (60) days.

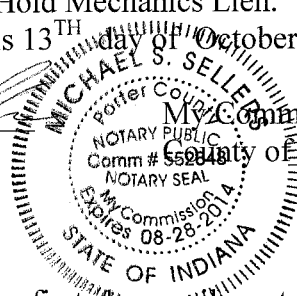
Signature William Hylek Printed WILLIAM HYLEK

State of Indiana, LAKE County ss:

Before me, a Notary Public in and for said County and State, personally appeared WILLIAM HYLEK, President of Four Seasons Mechanical Inc. and acknowledged the execution of the foregoing Intention to Hold Mechanics Lien.

Witnesseth my hand and seal this 13TH day of October 2010.

Michael Sellers
Michael Sellers, Notary Public
My Commission Expires: 08/2014
City of Residence: Porter



A duplicate of this notice, was mailed by first class mail, postage prepaid, to the within property owner at Alpine Homes, 1504 North Main Street, Crown Point, IN 46307. By the Recorder of Lake County, Indiana.

This instrument was prepared by BEVERLY CUPP Resident of PORTER County "I affirm under penalties of perjury, that I have taken reasonable care to redact each social security in this document, unless required by law.

(Signature) Beverly J. Cupp (Name printed) BEVERLY CUPP
Return original to:

Four Seasons Mechanical, Inc.
9100 Louisiana Street
Merrillville, IN 46410
(219) 756-0611

AMOUNT \$ 13
CASH _____ CHARGE _____
CHECK # 13594
OVERAGE _____
COPY _____
NON-COM _____
CLERK CS

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