

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 060781

2010 OCT 19 PM 2:48

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

RECORDER

To: MD Construction Enterprises
5168 E 81st Ave
Merrillville, IN 46410

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 Graham's Trucking & Excavating, Inc.
14445 Morse St.
Cedar Lake, IN 46303

intends to hold a lien on land legally described as follows:

Lot Numbered 313, as shown on the recorded plat of Doubletree Lake Estates West, Phase Eight recorded in the Plat Book 101, page 43 and corrected by Plat recorded in Plat Book 102, page 5 in the Office of the Recorder of Lake County, Indiana.

And commonly known as:

10358 Nelson St. Crown Point IN
Street City State

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, al ~~ting~~, repairing, and removing of said buildings, structures and Improvements.

2. The amount claimed under this statement is Seventy-four hundred eighty-three dollars & fifty-three cents.
\$7,483.53.

3. The work and labor were done, and materials and machinery were furnished by the undersigned within the last sixty (60) days.

Sarah E. Wiese
Signature

Sarah E. Wiese
Name Printed

State of Indiana, Lake County ss:

Before me a Notary Public in and for said county and State, personally appeared Sarah E. Wiese
Agent and who acknowledged the execution of the foregoing intention to Hold Mechanics Lien.

Witnesseth my hand and seal this 18th day of October, 2010.

My commission expires 6-19-2014 Patricia G Snure Notary Public

Resident of Lake County Patricia G Snure Name printed

Recorder of Lake County

This instrument was prepared by Sarah E. Wiese, Resident of Lake 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) Sarah E. Wiese

(Name Printed) Sarah E. Wiese

AMOUNT \$ 13⁰⁰
CASH CHARGE _____
CHECK # _____
OVERAGE _____
COPY _____
NON-COM _____
CLERK Rm

