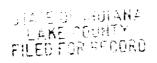
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Mic. nedunizeñ

Recording requested by: 806	
When recorded, mail to: Name: M+M Construction Inc.	Space above reserved for use by Recorder's Office
Address: p.D. Box 489	Document prepared by:
City: Knox	Name Bob Blowin
State/Zip: Indiana, 44534	Address P.O. Box 489
State 21p	City/State/Zip Knox, IN 46534
Claim of Lien	
State of Indiana	
County of Starke	
I, NI+MI Construction Inc.	, being duly sworn, state the following:
In accordance with an agreement to provide la	abor and/or material, I did furnish the following labor and/or
materials: House + Garage Complete	tear off of siding, SIF16 and install new,
wrap all window and door openin	gs. Install approx. 150' of six-foot
privacy fence with two gates.	
on the following described real property locate	ed in THAT. Lake County,
State of Indiana	, commonly known as:
749 N. Arbbgast Griffith. 11	J 46319
and legally described as:	
Patterson's 1st Add. to the town	of Griffith L.21
which property is owned by Julie L S	anchez (Wilbanks), whose address is
749 N Arboaast Griffith IN	46319, of a total value of \$ $19,100.00$,
of which there remains unnaid \$ \$10.300.9	2 and I further state that I furnished the first of
the items on the date of Oct 15th 2	, and the last of the items on the date of
1/2 15th 2010	
1000.13	
I hereby, under the laws of the State of	
above-described property in the amount of mo	oney, stated above, which remains unpaid to me.
	**NOVA LF136 Claim of Lien Pg.1 (01-09)
	X NOVA LEIJO Claim of Lien Pg. 1 (U1-09)

San John	Bob Blowin Go M+M Construction
Signature of Person Claiming Lien	Name of Person Claiming Lien Inc.
Address of person claiming lien: P.O. Box 489 Ki	10x, IN 46534
on November 30, 2010, Robinstated that he/she is the	person described in the above document and that
he/she signed the above document in my presence. Notary Signature	_
Notary Public,	Talan
In and for the County of Starke Starke My commission expires: 9-28-2014	seal
CERTIFICATE OF MAILING	
I, Bob Blowin, certify that copy of this Claim of Lien by USPS certified mail, return Name: Julie L. Sanchez (Wilbanks) Address: 749 N. Arbogast Gnfffth IND Date:	rn receipt requested, in accordance with the law, to:
Signature of Person Mailing Claim of Lien	Name of Person Mailing Claim of Lien
California residents or persons intending that this do State of California should use the following Californ	cument be valid in the ia Notary Acknowledgment form:
State of California	
County of} S.S.	
On, before me, _	
(name and title of notary), personally appeared proved to me on the basis of satisfactory evidence to be the above instrument and acknowledged to me that the authorized capacity. I certify under penalty of perjury foregoing is true and correct. Witness my hand and off	e the person(s) whose name(s) is/are subscribed to cy/he/she executed the instrument in their/his/her under the laws of the State of California that the
	Seal
Notary Signature	

NOVA LF136 Claim of Lien Pg.2 (01-09)