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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 075182

2010 DEC 20 PM 2:26

MICHELLE R. FAJMAN
RECORDER

Recording requested by: Jim Samuelson

Space above reserved for use by Recorder's Office

When recorded, mail to:

Document prepared by:

Name: Jim Samuelson

Name Jim Samuelson

Address: 9042 Teal Pl.

Address 9042 Teal Pl

City/State/Zip: St John IN 46373

City/State/Zip St John IN 46373

Claim of Lien

State of Indiana

County of Lake

I, James L Samuelson, 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:

Labor: of 126 hours = \$ 3,150.00

Material: Various Electrical Items. \$ 300.00

on the following described real property located in Lake County, State of Indiana, commonly known as:

Cliff Hanger's Pub.

and legally described as: 151 Deanna Dr. Lowell IN 46356
Lot 3 Hoffman Manor

which property is owned by Roger and Kelly Depirro, whose address is 8512 Burr St. Crown Point 46307
151 Deanna Dr. Lowell Indiana 46356, of a total value of \$ 3,450.00, of which there remains unpaid \$ 3,450.00, and I further state that I furnished the first of the items on the date of 4-1-10, and the last of the items on

★NOVA LF136 Claim of Lien Pg.1 (08-09)

Cash 1500
BB

"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: JS

the date of 8-28-10

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

James L Samuelson
Signature of Person Claiming Lien

James L Samuelson
Name of Person Claiming Lien

Address of person claiming lien: James Samuelson
9042 Teal Place
St. John IN 46373

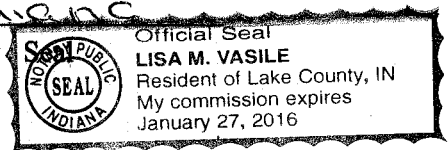
On Dec 20, 2010, James L. Samuelson came before me personally and, under oath, stated that he/she is the person described in the above document and that he/she signed the above document in my presence.

Lisa M. Vasile
Notary Signature

Notary Public,

In and for the County of Lake State of Indiana

My commission expires: Jan 27, 2016



CERTIFICATE OF MAILING

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

Name: _____

Address: _____

Date: _____

Signature of Person Mailing Claim of Lien

Name of Person Mailing Claim of Lien