

2011 025065

2011 MAY -4 PM 3:46

MICHAEL B. THOMAN
RECORDER

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

To: MD Construction
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.
P.O. Box 70
Crown Point, IN 46308

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

Lot 281 as shown on the recorded plat of Doubletree Lake Estates West, Phase Eight recorded in Plat Book 102 page 05 and amended by Plat of Correction recorded in Plat Book 103 Page 72 as Document # 2009-0-32798 in the Office of the Recorder of Lake County, Indiana.

And commonly known as:

10370 Nicklaus 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, altering, repairing, and removing of said buildings, structures and Improvements.

2. The amount claimed under this statement is Sixty-nine hundred seventy-five dollars & sixty-eight cents
\$ 6975.68.

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 4th day of May, 2011.

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

Resident of Lake County Patricia G Snure Name printed

Recorder of Lake County

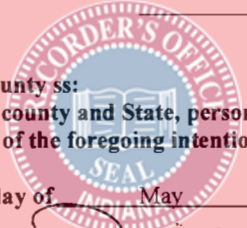
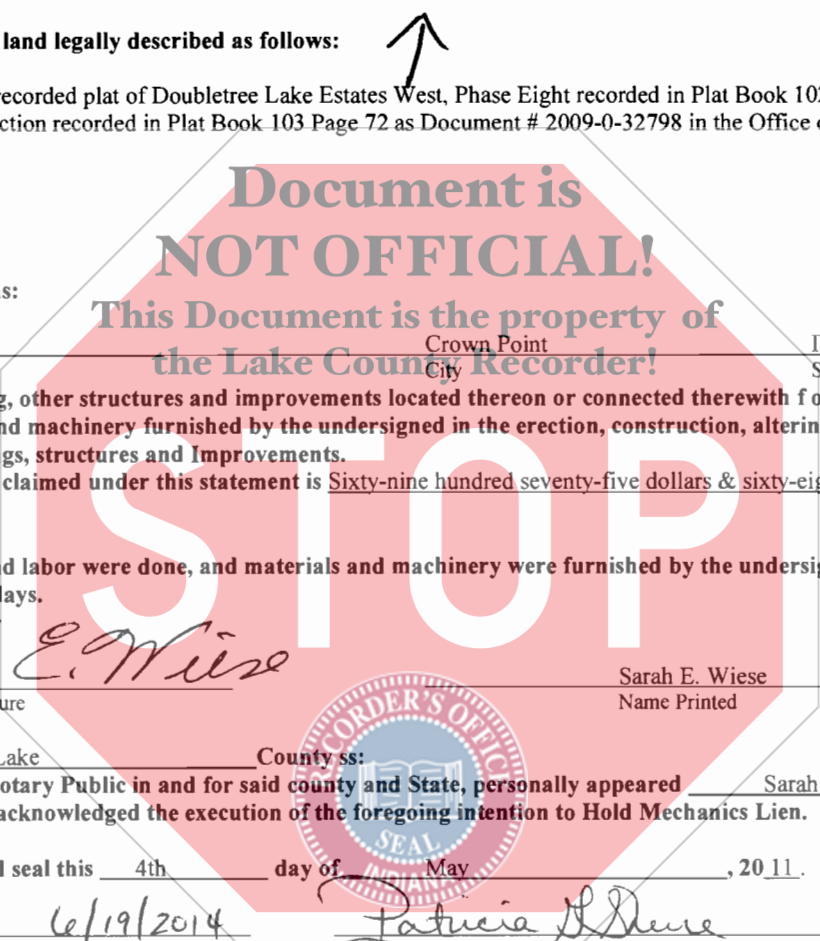
This instrument was prepared by Sarah E. Wiese, Resident of Lake County

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



Patricia G Snure
Notary Public Seal State of Indiana
Lake County
My Commission Expires 06/19/2014

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