2011 042606

2011 AUG -9 AM 11: 18

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

To: MAL ENT. INC. 10625 WICKER AVENUE SAINT JOHN, IN 46373 DENNIS & GAYLE D FLYNN 1301 TRALEE CT DYER, IN 46311

	OWNER'S NAME AND ADDRE	SSS	
State of Indiana, County of LAKE ss	OWNER DIVIDING TELD ROOM		
The undersigned, being first duly sworn, m	akes this sworn statement o	f intention to hold a lie	n upon the property described
below and says that:		• *****	
The undersigned <u>Installed Building Proc</u>	lucts dba Momper Insulatio	n/Closet Creations 797	Madison Crown Point IN46307
intends to hold a lien on land legally described as fo			
and commonly known as PARCEL NUMBER 45-11-06-453-004.000-034			
	YER	IN	46311
Street	City		State Zip Code
as well as on all building, other structures and impro	vements located thereon or	connected therewith for	or work and labor done and/or
materials and machinery furnished by the undersign	ed in the erection, construct	ion, altering, repairing,	and removing of said buildings,
structures, and improvements.			
2. The amount claimed under this statemen	tis \$1915.00		Dollars
3. The work and labor were done, and the r		re furnished by the und	
(60) days.	laterials and macrimery wer	1 c runnished by the und	/ //
Installed Building Products dba Momper Insulation	/Closet Creations IOSEPI	I GAZIANO	The House
797 Madison, Crown Point, IN 46307		CH MANAGER	
	cument is the pr		V
	A		
Before me, a Notary Public in and for said	County and State, personall	v appeared Joseph Ga	ziano and
who acknowledged the execution of			
and who, having been duly sworn, under the penaltic	es of periury stated that the	facts and matters there	in set forth are true and correct
Witness my hand and Notarial Seal this da			Notary Public
William Maria and Wolarian Sour and an	10000010, 2011.		5
My commission expires 10-27-12	Resident of Lake	County Town of	(Printed)
) tollinostell on parts		<u> </u>	
I hereby certify that I have this date	, 2011, mailed a	duplicate of this notice	, first class, postage prepaid, to
		^*	
the within named property owner at (latest address s	hown on tax records)		
	TO DO O		
	unty		
This instrument was prepared by: Joseph Gaz	iano Resident of	Lake	County
		/ .	
"I affirm, under the penalties of perjury, that I have	taken reasonable care to red	dact each social securit	y number in this document,
	E MEAL	(D. 1. v. 1)	1.0
unless required by law." (Signature)	WDIANA COM	(Printed) Joses	oh Gaziano
1			
4		/	JANET DRAGOIN
·		15	Notary Public, State of Indiana
	AMOUNT \$_	1>	County of Lake

MOMPER INSULATION CLOSET CREATIONS 797 MADISON STREET CROWN POINT, IN 46307 AMOUNT \$ 15 County of Lake My Commission Expires Oct. 27, 2012

CHECK # 2330

OVERAGE

COPY

NON-COM

CLERK