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LAKE COUNTY RECORDERS OFFICE

2011 045340

2011 AUG 22 PM 2:18

REC'D

Recording requested by: Julianne P. latos Space above reserved for use by Recorder's Office
 When recorded, mail to: _____ Document prepared by: _____
 Name: Julianne T. P. latos Name _____
 Address: 202 W. 12th AVE Address _____
 City/State/Zip: Crown Point, IN. 46307 City/State/Zip _____

Claim of Lien

State of INDIANA
 County of LAKE

I, Julianne T. P. latos, 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:

for child support of two sons

on the following described real property located in LAKE County, State of IN.
 commonly known as: Condo, Center Township
Prairie View Unit 1W, 20ft. of E. 264th, of
173th of S. 83rd Lot L
 and legally described as: Tax Parcel # 003-23-09-0506-0130

which property is owned by Richard Andrew Janks, whose address is
1817 Aspen Court Crown Point IN. 46307, of a total value
 of \$ _____, of which there remains unpaid \$ 75,000.00, and I further state that I
 furnished the first of the items on the date of 1/1/11, and the last of the items on

#13
 CS
 CA

"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: [Signature]

the date of 8-22-11

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.

Julianne T. Pilatos Julianne T. Pilatos
Signature of Person Claiming Lien Name of Person Claiming Lien

Address of person claiming lien: 202 W. 128th AVE
CROWN POINT, IN. 46307

On AUGUST 22, 2011, JULIANNE T. PILATOS 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.

Carol J. Cody
Notary Signature
Notary Public, CAROL J. CODY
In and for the County of LAKE State of INDIANA
My commission expires: _____ Seal

CERTIFICATE OF MAILING
CAROL J. CODY
Notary Public
State of Indiana
Commission Expires Oct 11, 2014

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