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

To: Wynbrook LLC  
7391 E 109th Ave.  
Crown Point, IN 46307

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 13 in Wynbrook Subdivision, Phase 1, as per plat thereof recorded in Plat Book 100, page 76, and as amended by Plat Amendment Certification recorded February 21, 2007 as Document No. 2007-015103, and further amended by Plat Amendment Certification recorded July 24, 2007 as Document No. 2007-060196, in the Office of the Recorder of Lake County, Indiana

And commonly known as:

11103 Wynbrook Dr. 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 Fifteen hundred dollars & no cents  
\$ 1,500.00.

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 13th day of September, 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

AMOUNT \$ 13<sup>00</sup>  
CASH  CHARGE \_\_\_\_\_  
CHECK # \_\_\_\_\_  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK BPS

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