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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 054284

2011 SEP 30 PM 2:01

MICHELLE R. FAJMAN
RECORDER

Recording requested by: DAVID D. OWEN

Space above reserved for use by Recorder's Office

When recorded, mail to:

Document prepared by:

Name: DAVID D. OWEN

Name R. KEISER

Address: 6970 AVOCET CIRCLE

Address 6970 AVOCET CIRCLE

City/State/Zip: HOBART, IN 46342

City/State/Zip HOBART, IN 46342

Claim of Lien

State of INDIANA

County of LAKE

Document is
NOT OFFICIAL!

I, DAVID D. OWEN

This Document is the property of
the Lake County Recorder's Office

, 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:

INTERIOR PAINTING + STAINING

on the following described real property located in LAKE County, State of

INDIANA

, commonly known as:

12550 PENNSYLVANIA AVENUE
CROWN POINT, IN 46307

and legally described as: LOT 48, SCHMIDT FARMS
CROWN POINT, IN 46307

which property is owned by DAVE + MINDY MEYERS, whose address is

12550 Pennsylvania Ave, Crown Point, IN 46307, of a total value of \$ 8,246⁰⁰, of which there remains unpaid \$ 4,246⁰⁰, and I further state that I

furnished the first of the items on the date of July 18, 2011, and the last of the items on

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

13.00
CS
4N

the date of August 12, 2011.

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.

[Signature]
Signature of Person Claiming Lien

DAVID D. OWEN
Name of Person Claiming Lien

Address of person claiming lien: 6970 AVOCET CIRCLE, HOBART, IN 46342

On 9-30-11 David D. Owen 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.

[Signature]
Notary Signature

Notary Public,

In and for the County of Lake State of Indiana

My commission expires: 8-12-2011 Seal

CERTIFICATE OF MAILING

I, Roseann Keiser, certify that on this date, 9-30-11, I have mailed a copy of this Claim of Lien by USPS certified mail, return receipt requested, in accordance with the law, to:

Name: DAVE + MINDY MEYERS

Address: 12550 Pennsylvania Ave, Crown Point, IN 46307

Date: 9-30-11

[Signature]
Signature of Person Mailing Claim of Lien

Roseann Keiser
Name of Person Mailing Claim of Lien