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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 059895

2012 SEP -4 PM 3: 52

MICHELLE R. FAJMAN
RECORDER

Recording requested by: _____

When recorded, mail to:

Name: Esteban Gamino

Address: 4746 Baring Ave

City: East Chicago

State/Zip: Indiana 46312

Space above reserved for use by Recorder's Office

Document prepared by:

Name Radosaw Kljajic

Address 3917 W 41st Ave

City/State/Zip Gary Indiana 46408

Claim of Lien

State of Indiana

County of Lake

I, Radosaw Kljajic

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

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:

on the following described real property located in Lake County,

State of Indiana, commonly known as:

Lot 28, Block 18, Subdivision of part of the East 4/7ths of the Southwest Quarter of Section 29, Township 37 North

and legally described as: Range 9 west, of the 2nd P.M. in the City of East Chicago, as shown in Plat Book 2, Page 15, in Lake County Indiana.

which property is owned by Esteban Gamino, whose address is 4746 Baring Ave East Chicago, Indiana, of a total value of \$ 7,451.62, of which there

remains unpaid \$ 2,601.88, and I further state that I furnished the first of the items on the date of March 12th 2012

, and the last of the items on the date of August 17th 2012

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.

Radosav Kljajic
Signature of Person Claiming Lien

Radosav Kljajic
Name of Person Claiming Lien

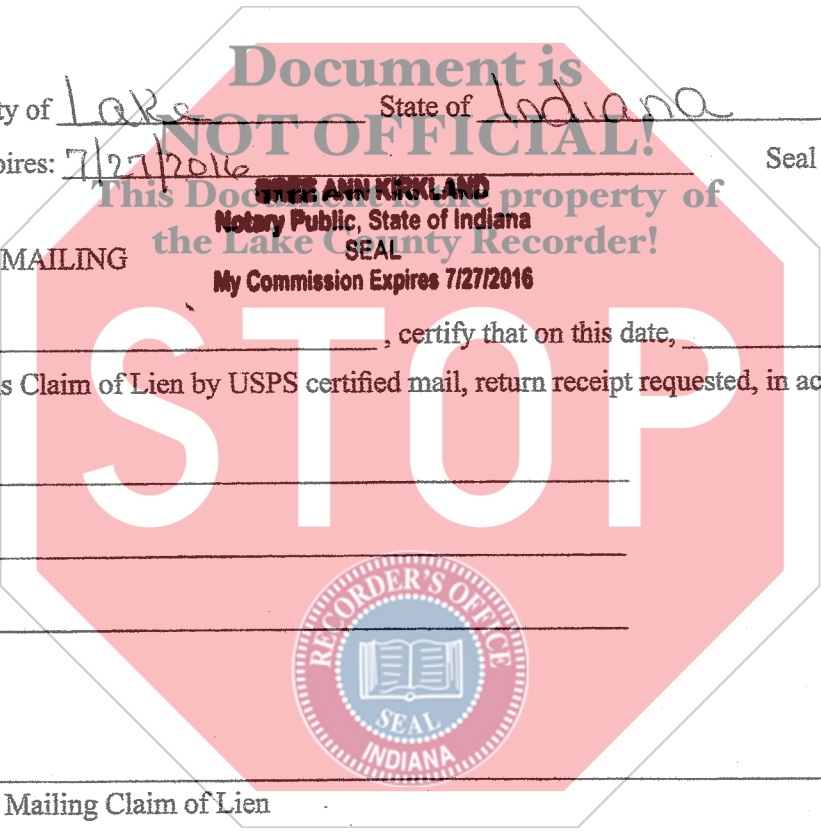
Address of person claiming lien: 3917 W 41st Ave
Gary Indiana 46408

On September 4th 2012, Radosav Kljajic 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.

Bree Ann Kirkland
Notary Signature

Notary Public,
In and for the County of Lake State of Indiana
My commission expires: 7/27/2016 Seal

CERTIFICATE OF MAILING



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