STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2012 092508

2012 DEC 28 PM 3: 10

MICHELLER FAJMAN RECORDER

Recording requested by:	
When recorded, mail to:	
Name: Leona Chandler Felton	Space above reserved for use by Recorder's Office
Address: 7250 Harrison St.	Document prepared by:
City: Herri Wille	Name Radosau Rhajic
State/Zip: Indiana 46410	Address 3917 W 41 St Ave.
	City/State/Zip Gary Indiana 410408
Claim of Lien	
/	cument is
State of <u>Indiana</u>	CHITCH IS
County of Lake	OFFICIAL!
	County Record being duly sworn, state the following:
	bor and/or material, I did furnish the following labor and/or materials:
Tear off roof and sidir	ng on house and garage.
Replaced roof and sidin	g on house and garage.
on the following described real property locate	3
State of Transfer	commonly known as: Lot 128 in Trakey Creek South
48	wit 3 is the Town of Mercillyille, as per plot hancof Recorded in Plot Book 37 page 14, in he office of Re Recorder of Lake Confy, Indian
and legally described as:	is office of the Recorder of Lake Country, InDio
Ġ	omaly Know 08 1250 Hoeris St, Breenvill, I
	, whose address is 125 Harrison St
	, of a total value of \$ 1\924, 24, of which there
	· · · · · · · · · · · · · · · · · · ·
1	and I further state that I furnished the first of the items on the date of
October 15 2012, and the	last of the items on the date of <u>December 10, 2012</u> .
	13.00 CS
I hereby, under the laws of the State of Ind	, claim a lien against the above-described
property in the amount of money, stated above	which remains unpaid to me.

Name of Person Claiming Lien 3917 wy1st Ave Gary Indiana 46408 Address of person claiming lien: 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. Notary Signature Notary Public, In and for the County of _ My commission expires: Seal the Lake County Recorder! CERTIFICATE OF MAILING , 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: Address: Date: Signature of Person Mailing Claim of Lien Name of Person Mailing Claim of Lien