Claim of Liep_{0 1 2 0 9 2 5 0 9 2012 DEC 28 PM 3: 11}

State of Indiana	MICHELLE R. FAJMAN
County of Lake	RECORDER
Before me, the undersigned Notary Public, personally appeared	Sey J. Elish dba Elish Plumbing & Sewer, Inc
Crown Point IN 46307	rein) whose address is 1700 Kleven Lane
and that in accordance with a contract with Impact Developmen	nt Group, Inc. W/ Lee Milazzo
lienor furnished labor, services or materials of separately) All Aas, water and waste and Vinistal (Said piping. All labor to in	consisting of: (Describe specially fabricated materials I Piaing and labor to
install said piping. All labor to in	istall plumbing fixtures
and Paveets J	, , , , , , , , , , , , , , , , , , ,
on the following described real property in Lake	Comb
State of Indiana	County,
•	
(Describe real property sufficiently for identification, including street and num Crown Point, Indiana 46307.	ober: 5557 West 101st Avenue
2	
Description: Part of NE 445 1 T 34 F	29 22.526 AC
NOWNORK	
NOTOFFICE	ALI
by Lee Milazzohis Document is the pr	operty ofowned
total value of Thirty - For Thou sand Three Hundred this	
of which there remains unpaid Ten Thousand Two Hundred Ninety	1-Two and 2 populars 15 10, 292 25
and furnished the first of the items on	, 20 11 and the last of the
items on November 19	, 20 12 and (if the lien is claimed by one
not in privity with the owner) that the lienor served his notice to owner on _A	s/n
20 by	
(Method of Service)	
And, (if required) that the lienor served copies of the notice on the contract of	n Al / A
20, by	, and on the subcontractor
on 20, by(Method of Service)	201 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
lender	and (if known) on the
	(Method of Service)
TEAL STATE	
WOIAN ALLES	
	AMOUNT'S 14.00
	P. Antonio Carlos Carlo
	CASHCHAPGE CHECK #
•	OVERAGE
Page 1	CODY
	STATE OF THE STATE
	NON - COM
	CLERK Pr

Signed this
Lienor: Casuf Elish
By: Officer or Agent
State of Indiana County of Lake
on December 28, 20/2 before me, The rest Harks.
appeared CHSen T. 1, SVI
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(a), or the entity upon behalf of which the
person(s) acted, executed the instrument.
WITNESS my hand and official seal.
Signature Alle Roftcacent is
Signature of Notary THERESA PARKER
This Document is the property Lake County My Commission Expires
Affiant Known Produced ID June 25, 2014
AffiantKnown Produced ID
Type of ID \(\text{D} \) \(\text{T} \) \(\text{RG4S-84-4450}\) (Seal)
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