

## 2013-0206202013 MAR 12018 MAR: 100 AM 11: 59

Recording requested by: <u>Donald</u> Shawwon

MICHALL MICHARDA L. ROWN RECORDERECTROER

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When recorded, mail to:	Document prepared by:	
Name: Dowald Shannon	Name Dovald Shawwow	
Address: 1221 Lakeviewave	Address 1221 Lake U.OW	
City/State/Zip: Whit was IN 46394	Address 1221 Lake U.OW City/State/Zip Whiting IN 46394	
l	0	
Claim of Lien		
State of Two ia wa		
County of Lake Document is		
NOT OFFICIAL!		
I, Donald & Sharer, state the following: In accordance with an agreement to provide labor and/or material, I did furnish the following labor and/or		
materials: The same and of the	r material, I did furnish the following labor and/or	
materials: Tear out all Electrica	ranging the kemore	
HOOR + Sub Floor. Replace all	Floor Joices, New Walls Ceiling	
That the dope R it all all	to to ke Keinloroed all wais	
Torn out. Total Rehal Ba	sich contract attached	
on the following described real property located in		
2006 Calumet Ave Wliting In 46394		
2006 Calumet Ave	W1, Ting IN 46349	
and legally described as:  Single Family Hone 2 Bed Rooms 1 Bath  which proporties award by Harris 1		
Single tany Hone	and e-1 / come / bac	
which property is owned by Hayne Property 1704 West 105thst Chiang		
which property is owned by Hayne 110feb	, whose address is	
1101 WC3 1031 31 Chiag	of a total value, of a total value, and I further state that I $3$	
furnished the first of the items on the date of $10-20-2011$ , and the last of the items on NOVA LF136 Claim of Lien Pg.1 (07-11)		
	() ASH	
	<b>○</b> . \	
	CH	

	the date of Still Pending.	
	I hereby, under the laws of the State of Two land described property in the amount of money, stated above	
_	Dar	Donald Shawnon
	Signature of Person Claiming Lien	Name of Person Claiming Lien
	Address of person claiming lien:	
	1221 Lake view whiting	IN 46399.
	NOTARY CERTIFICATION FOR CLAIM OF LIEN	
	State of Inlana	
	County of Luke On March (date), 19th, 2013	
	on Manal data 19th 2013	(nome of alsimont) and last
	sonally, and duly sworn on oath, and under penalty of pe	(name of claimant), came before me per-
	in the above claim of lien and that he or she has read the	
	personally knows the foregoing statement of claim of lies	n which he or she subscribed is true and correct and
	is not frivolous, nor clearly excessive, and is made with	
	me on the above noted date by the above noted claimant dence to be the person who appeared before me.	, and proved to me on the basis of satisfactory evi-
	Alenda Wilippocument is	the property of
	Notary Signature the Lake Count	
	Notary Public, In and for the County of Lake	
	State of Indiana	
	My commission expires: 7-14-17	Seal
	CERTIFICATE OF MAILING	
	I, Oonald Shannon, certify that o	n this date, Mall 192013, I have mailed a
	copy of this Claim of Lien by USPS certified mail, return	receipt requested, in accordance with the law, to:
	Name: HOYNE Properties LLC	
	Address: 1704 West 105th st	1. cago Illa 60643
	Date: March 19 2013	August of
	7-21	Don 5 Lannon
	Signature of Person Mailing Claim of Lien	Name of Person Mailing Claim of Lien

NOVA LF136 Claim of Lien Pg.2 (07-11)