

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 048310

2013 JUL -2 PM 2:24

MICHAEL B. BROWN  
RECORDER

**SWORN STATEMENT OF INTENTION TO HOLD LIEN  
(NOTICE OF MECHANIC'S LIEN)**

To: MD Construction Enterprises  
5168 E 81st Ave.  
Merrillville, IN 46410

State of Indiana, county of Lake ss:  
The undersigned being first duly sworn, makes this sworn statement of intention to hold a lien upon the property described below and says that:

1. The undersigned Graham's Trucking & Excavating, Inc.  
P.O. Box 70  
Crown Point, IN 46308

intends to hold a lien on land legally described as follows:

Lot 655, The Gates of St. John, Units 11a & 12a, as per plat thereof, recorded in Plat Book 100 page 52, in the Office of the Recorder of Lake County, Indiana.



And commonly known as:  
8254 Willowhaven Dr. St. John IN  
Street City State

As well as on all building, other structures and improvements located thereon or connected therewith for work and labor done and/or materials and machinery furnished by the undersigned in the erection, construction, altering, repairing, and removing of said buildings, structures and Improvements.

2. The amount claimed under this statement is Thirty-one hundred forty dollars & no cents  
\$ 3,140.00

3. The work and labor were done, and materials and machinery were furnished by the undersigned within the last sixty (60) days.

Sarah E. Wiese Sarah E. Wiese  
Signature Name Printed

State of Indiana, Lake County ss:  
Before me a Notary Public in and for said county and State, personally appeared Sarah E. Wiese  
Agent and who acknowledged the execution of the foregoing intention to Hold Mechanics Lien.

Witnesseth my hand and seal this 2nd day of July, 2013.

My commission expires 6/19/2014 Patricia G Spure Notary Public  
Resident of Lake County Patricia G Spure Name printed

Patricia G Spure  
Notary Public Seal State of Indiana  
Lake County  
My Commission Expires 06/19/2014

Recorder of Lake County

This instrument was prepared by Sarah E. Wiese, Resident of Lake County

I affirm under penalties of perjury, that I have taken reasonable care to redact each social security in this document, unless required by law.

(Signature) Sarah E. Wiese (Name Printed) Sarah E. Wiese

#13  
CS  
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