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2013 079647

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 OCT 25 PM 3: 54

MICHAEL B. DOWNS
RECORDER

Recording requested by: Denny Arreola
When recorded, mail to:
Name: Denny Arreola
Address: 12013 W 105th
City/State/Zip: Saint John In 46373

Space above reserved for use by Recorder's Office
Document prepared by:
Name Denny Arreola
Address 12013 W 105th
City/State/Zip Saint John In 46373

Claim of Lien

State of Indiana
County of Lake

I, Denny Arreola, 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:

Repairs made to True freezer for Produce Depot
S/n 1-3657843

on the following described real property located in Lake County, State of Indiana, commonly known as:

Produce Depot S.A.A. Mike Messaro
8126 Wicker Ave Messaro Enterprises
Saint John In 46373

and legally described as: Produce Depot

which property is owned by Mike Messaro, whose address is 8126 Wicker Ave Saint John In 46373, of a total value of \$ 1,200⁰⁰, of which there remains unpaid \$ 1,200⁰⁰, and I further state that I furnished the first of the items on the date of Aug 15, 2013, and the last of the items on

★NOVA LF136 Claim of Lien Pg.1 (07-11)

\$13
cash
EB

the date of 9-26-13

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.

[Signature]
Signature of Person Claiming Lien

Denny Arcole
Name of Person Claiming Lien

Address of person claiming lien:

NOTARY CERTIFICATION FOR CLAIM OF LIEN

State of Indiana

County of DeKalb

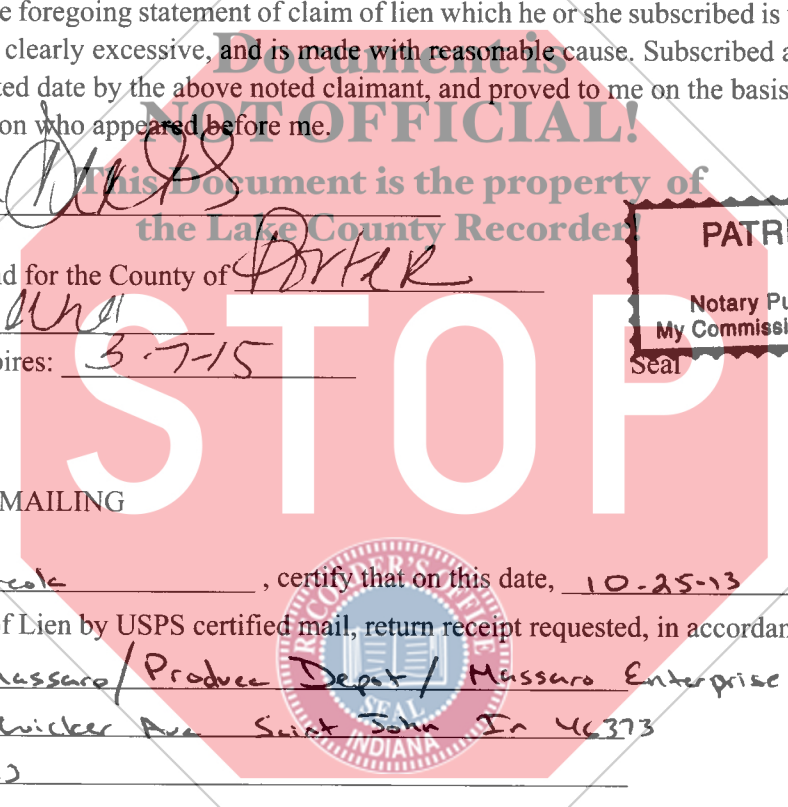
On Oct. 25, 2013 (date), Denny Arcole (name of claimant), came before me personally, and duly sworn on oath, and under penalty of perjury, stated that he or she is the claimant described in the above claim of lien and that he or she has read the foregoing claim of lien and has knowledge of and personally knows the foregoing statement of claim of lien which he or she subscribed is true and correct and is not frivolous, nor clearly excessive, and is made with reasonable cause. Subscribed and sworn to before me on the above noted date by the above noted claimant, and proved to me on the basis of satisfactory evidence to be the person who appeared before me.

[Signature]
Notary Signature

Notary Public, In and for the County of DeKalb

State of Indiana

My commission expires: 3-7-15



CERTIFICATE OF MAILING

I, Denny Arcole, certify that on this date, 10-25-13, I have mailed a copy of this Claim of Lien by USPS certified mail, return receipt requested, in accordance with the law, to:

Name: Mike Massaro / Produce Depot / Massaro Enterprises

Address: 8126 Wicker Ave Saint John In 46373

Date: 10-25-13

[Signature]
Signature of Person Mailing Claim of Lien

Denny Arcole
Name of Person Mailing Claim of Lien

Documents Prepared by: Denny Arcole
[Signature]

"I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."
PREPARED BY: [Signature]