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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 008700

2014 FEB 13 PM 2:41

MICHAEL B. BROWN
RECORDER

Recording requested by: _____
When recorded, mail to:
Name: Michael S. Bishop
Address: 35 Wilson St
City/State/Zip: HoBart IN 46340

Space above reserved for use by Recorder's Office
Document prepared by:
Name Michael S Bishop
Address 35 Wilson St
City/State/Zip HoBart IN, 46340

Claim of Lien

State of Indiana
County of Lake

Document is
NOT OFFICIAL!

I, Michael Bishop Bishop's Exors, 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:

on the following described real property located in 15058 150th Pl County, State of
Indiana, commonly known as:

and legally described as: see attached

which property is owned by MD Construction, whose address is
5168 Lincoln Hwy Mox. Indiana, of a total value
of \$ 5402.00, of which there remains unpaid \$ 5402.00, and I further state that I
furnished the first of the items on the date of 11-19-13, and the last of the items on

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

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MICHELLE B. FAJMAN
RECORDER

WARRANTY DEED

THIS INDENTURE WITNESSETH, That Terry A. Chance and Linda C. Chance (Grantor) **CONVEY(S) AND WARRANT(S)** to M. D. Construction Enterprises, II, Inc. (Grantee) for the sum of Ten Dollars (\$10.00) and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in Lake County, State of Indiana:

Lot 9 in BryRidge Valley Unit 2, as per plat thereof, recorded in Plat Book 94 page 61, in the Office of the Recorder of Lake County, Indiana.

Property Address: 15058 150th Lane, Crown Point, IN 46307
Tax ID No.: 45-20-06-201-016.000-007

Subject to current taxes not delinquent, and all easements, agreements and restrictions of record and all public rights of way.

IN WITNESS WHEREOF, Grantor has executed this deed on the 11th day of June, 2012.

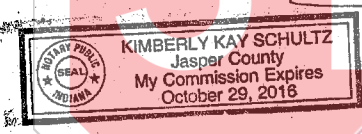
Terry A. Chance _____
Terry A. Chance
Linda C. Chance _____
Linda C. Chance

STATE OF INDIANA)
COUNTY OF Lake)

**This Document is the property of
the Lake County Recorder!**

Before me, a Notary Public in and for said County and State, personally appeared Terry A. Chance and Linda C. Chance who acknowledged the execution of the foregoing deed.

Witness my hand and notarial seal on the 11th day of June, 2012.

 _____
Notary Public Kimberly Kay Schultz
Resident of Jasper County
My Commission expires: October 29, 2016

Prepared by: Timothy R Kuiper
Austgen, Kuiper & Associates, PC, 130 N. Main St., Crown Point, IN 46307

Grantee's Address and Tax Billing Address:
15058/150th Lane/Crown Point/IN 46307 5168 E 81st Av, Merrillville IN 46410

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Kimberly Kay Schultz File No. 920122057

JULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER
JUN 15 2012
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

**FIDELITY NATIONAL
TITLE COMPANY**

92012-2057

012933

16cc
FW
NN

the date of 2-13-14

I hereby, under the laws of the State of IN, claim a lien against the above-described property in the amount of money, stated above, which remains unpaid to me.

Michael S. Bishop
Signature of Person Claiming Lien

Name of Person Claiming Lien

Michael S. Bishop
Address of person claiming lien:

NOTARY CERTIFICATION FOR CLAIM OF LIEN

State of IN

County of Lake

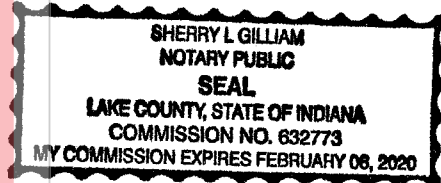
On 2-13-14 (date), Michael S. Bishop (name of claimant), came before me personally, and duly sworn on oath, and under penalty of perjury, stated that he or she is the claimant described in the above claim of lien and that he or she has read the foregoing claim of lien and has knowledge of and personally 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.

Sherry L. Gilliam
Notary Signature

Notary Public, In and for the County of Lake

State of IN

My commission expires: 2-6-20 Seal



CERTIFICATE OF MAILING

I, _____, 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:

Name: _____

Address: _____

Date: _____

Signature of Person Mailing Claim of Lien

Name of Person Mailing Claim of Lien