STATE OF INDIAMA LAKE COUNTY FILED FOR RECORD

2014 009310

2014 FEB 18 PM 3: 37

MICHAEL B. BROWN SWORN STATEMENT OF INTENTION TO HOLDREGENRDER (NOTICE OF MECHANIC'S LIEN)

To: MD Construction En	terprises II INC			_
5168 E 81st Ave. Merrillville, IN 46410				-
Wichmylle, III 40410				-
	ucking & Excavating, Inc	•	upon the	
P.O. Box 70				_
Crown Point	, IN 46308			_
intends to hold a lien on land legally described as follows:				
Lot 54 Willow Ridge Manor, Phase Two, as per plat thereof, re Lake County, Indiana.	ecorded in Plat Book 95, j	page 72, in the Office	of the Recorder of	
Docu	ment is			
Parcel #: 45-11-27-303-002.000-035 And commonly known as:	FICIAL	1		
9505 Highland Ct. This Document	170		IN ·	_
Street As well as on all building, other structures and improvement	unty ^{Ci} Recorde	r!	State	
done and/or materials and machinery furnished by the und	its located thereon or co ersigned in the erection	construction alteri	or work and labor	
removing of said buildings, structures and Improvements.	ersigned in the erection	, construction, aftern	ig, repairing, and	
2. The amount claimed under this statement is Th	ree hundred seventy-seve	n dollars & eighty-fou	r cents	
<u>\$ 377.84.</u>				-
3. The work and labor were done, and materials a last sixty (60) days. Signature	nd machinery were furn	Sarah E. Wiese	gned within the	-
State of Indiana, Lake County ss	ER'S			
Before me a Notary Public in and for said county		nneared Sarah	E. Wiese	
Agent and who acknowledged the execution of the i	foregoing intention to He	old Mechanics Lien.	L. Wiese	-
Witnesseth my hand and seal this 14th day of	February	, 20 14		
My commission expires (e/19/2014	Jatricia /	Dure	Notary Public	
Resident of Lake County	patricia G	Shure	Name printed	Patricia G Snure Notary Public Seal State of Indiana Lake County My Commission Expires 06/19/2014
	Recorder of	Lake	County	atricia G Snu tic Seal Stat Lake County
This instrument was prepared by Sarah E. Wiese	, Resident of	Lake	County	tate of es 06/1
I affirm under penalties of perjury, that I has security in this document, unless required by		care to redact ea	ich social	Indiana 19/2014
(Signature) arah E Wilse	(Name Printed) Sara	ah E. Wiese	. L	
-	,			