STATE OF INCOME.

LAKE COUNTY
FILED FOR RECORD

2014 010394

2014 FEB 20 PM 3: 24

an

NOTICE OF INTENTION TO HOLD MECHANICAS LIENGROWN RECORDER

TO REID JAMES E. & MARY 350 ELLSWORTH ST			
GARY, IN 46404			
and all others concerned,			
YOU ARE HEREBY NOTIFIED, that I (we) intend to ho	ld a Mechan	ic's Lien on t	he following described real estate:
RESUB. GARY LAND CO'S. 6 TH SUB. A			
RESUB. GART LAND CO S. 0 SOD. A	LL U.Z / DL		
the same being known also as 350 ELLSWORTH	ST, GARY	, IN 46404	
together with all of the improvements thereon. The	amount claiı	med by Lieno	
liable is TWO HUNDRED SEVENTY FOUR DOLLARS 8	THIRTY TH	REE CENTS	(\$ 274.33) and is for work done and/or
materials furnished by Lienor for the improvement of EXECUTED this 19 TH	n the above	described re	FEBRUARY , 2014.
PLOOTED tills			
Attest:		FFIC	
			Proper Secompanies, INC
the L	ake Co	unty Re	m Name
			61
Court havo h		Ву:	Office display for firm
(Written)			Signature of Owner, Partner or Officer signing for firm
			PAUL STARCEVICH, OWNER
CAROL DARENSKI			(Printed)
(Printed)		THE PARTY OF THE P	100 N. GRIFFITH BOULEVARD, GRIFFITH, IN 46319
	TIME!	ER'S OF	(Address)
STATE OF INDIANA)			
SS: COUNTY OF LAKE)	EHA MA	VOIANA MINIS	
	To the	UIAN IIII	
Before me, a Notary Public in and for said co	unty and Sta	ate, personal	appeared PAUL STARCEVICH
who being first duly sworn upon his oath, deposes a Mechanic's Lien and that the facts therein stated ar	ind says that e true and th	t ne nas read hat he acknov	the above and foregoing Notice of Intention to hold wledged the execution of the foregoing Notice of
Intention to Hold Mechanic's Lien as an individual o	r as the duly	authorized r	representative of the lien claimant.
WITNESS my hand and Notarial Seal this	19 TH	day of	FEBRUARY, , 2014.
My Commission Expires: SEPTEMBER 15, 2019			Della Show
Total Commission Expires.			Notary Public (Written)
			ι KELLY S. BURCZYK
County of Residence: LAKE			(Printed)
This instrument prepared by:			irm, under the penalties of perjury, that I have n reasonable care to redact each Social Security
			per in this document unless required by law.
PAMELA HURST			By: P.S.
	5	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ICIAL SEAL"
	\$	Kell	ly S. Burczyk India State of Indiana
	>		bunty of Lake ssion Expires 09/15/19
	,	~ WY COMMI	