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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 018260

2014 MAR 31 PM 12:44

MICHAEL B. BROWN  
RECORDER

Recording requested by: \_\_\_\_\_

When recorded, mail to: \_\_\_\_\_

Name: Flossette Sangster

Address: 6035 Columbia Ave

City: Hammond

State/Zip: In 46320

Space above reserved for use by Recorder's Office

Document prepared by:

Name Radosaw K. Jajic

Address 3917 W 41<sup>ST</sup> Ave

City/State/Zip Gary In 46408

### Claim of Lien

State of Indiana

County of Lake

**Document is NOT OFFICIAL!**

I, Radosaw K. Jajic, 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:

Corick Construction put a new roof on Flossette Sangsters home. Job is Completed. Payment is overdue.

on the following described real property located in Lake County,

State of Indiana, commonly known as:

and legally described as: Lot 48, Lyndora Addition, to the City of Hammond, as shown in Plat Book 14, Page 18, in Lake County Indiana. Pin No. 26 34 0285 0048

which property is owned by Flossette Sangster, whose address is 6035 Columbia Ave

Hammond, Indiana, of a total value of \$ 9297.92, of which there

remains unpaid \$ 1325.92, and I further state that I furnished the first of the items on the date of

Jan 2<sup>nd</sup> 2014, and the last of the items on the date of Jan 7<sup>th</sup> 2014.

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.

\$13.00  
M-E  
CASH

Radosaw Kljajic  
Signature of Person Claiming Lien

Radosaw Kljajic  
Name of Person Claiming Lien

Address of person claiming lien: 3917 W 41st Ave  
Gary IN 46408

On March 31st 2014, Radosaw Kljajic came before me personally and, under oath, stated that he/she is the person described in the above document and that he/she signed the above document in my presence.

[Signature]  
Notary Signature

Notary Public,

In and for the County of Lake State of Indiana

My commission expires: 7-2-2016 Seal

CERTIFICATE OF MAILING

**Document is NOT OFFICIAL!**  
**This Document is the property of the Lake County Recorder!**

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