2014 024557

2014 MAY -1 PM 3:55

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

Го: Gen	e Chang			
	Killarney Dr.			
	r, IN 46311			
State of Indiana, county of <u>Lake</u> ss: The undersigned being first duly property described below and says that:	sworn, makes this swor	n statement of in	tention to hold a lien	upon the
1. The undersigned	Graham's Trucking	& Excavating, Inc	. [
	P.O. Box 70		<u></u>	
	Crown Point, IN 463	08		
ntends to hold a lien on land legally descr	ribed as follows:		0~	olak
Briar Ridge Country Club ADD Unit hereof, recorded in Plat Bo Parcel #: 45-11-06-403-004.000-034 of Parcel: Beginning at the N And commonly known as: Nive of Southerly along the W	13 Lot 2. addition book les page 46 Lake County, I Econer of Sai	to the Tow N. excep d Lot 2:	not byer a office of the of the follow hence Weste	s per plat Recorder ing described sty along the
Southerly a long the Williamey Dr. Naving a r	ine of said Lots	Property	rue concav	e to the E N of 4.60f
Street	Lake County (rivecorder	S	State
As well as on all buildin <mark>g, other structure</mark>				
lone and\or materials a <mark>nd machinery fur</mark>	-	d in the erection	, construction, alterin	g, repairing, and
emoving of said buildi <mark>ngs, st</mark> ructures and				
2. The amount claimed under the 1,200.00. Then easy	is statement is <u>Twelve hu</u>	ndred dollars & n	o cents	
3. The work and labor were don last sixty (60) days.	e, and materials and mac	hinery were fur	nished by the undersi	gned within the
Signature State of Indiana,	County ss:		Name Printed	1
Before me a Notary Public in an				E. Wiese
Agent and who acknowledged the	execution of the foregoin	g intention to H	old Mechanics Lien.	
Witnesseth my hand and seal this 30th	day of	April	, 20 14.	
My commission expires	14	Therax X	There	Notary Public
Resident of <u>Lake</u> County	1	xtricia E	Sture	Name printed
,	I	Recorder of	Lake	County
This instrument was prepared by <u>Sarah</u>	E. Wiese , R	esident of	Lake	County
I affirm under penalties of per security in this document, unle		en reasonable	care to redact ea	ch social
Signature) Salah EM	~ ~	Name Printed) Sar	oh E. Wiene	
Signature) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \) مين سمته	Name Printed) Sar	an E. Wiese	

