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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 050908

2014 AUG 25 PM 3:17

MICHAEL B. BROWN  
RECORDER

Recording requested by: DAVID K Galloway Sr  
When recorded, mail to: Hollaway Meigs Inc  
Name: Daphne Staden  
Address: 7105 Jefferson Ave  
City/State/Zip: Hammond IN 46324

Space above reserved for use by Recorder's Office  
Document prepared by:  
Name DAVID K Galloway Sr / Hollaway - Meigs Inc  
Address 950 165th St  
City/State/Zip Hammond TN 46324

### Claim of Lien

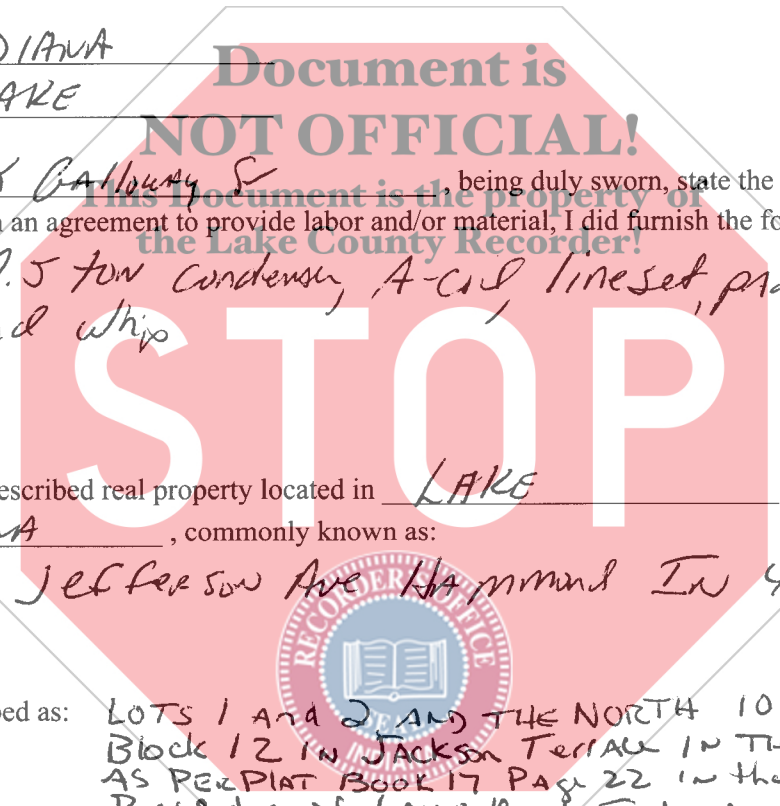
State of INDIANA  
County of LAKE

I, DAVID K Galloway Sr, 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:  
2.5 ton condenser, A-CAP lineset, pad, disconnect box and whip

on the following described real property located in LAKE County, State of INDIANA, commonly known as:  
7105 Jefferson Ave Hammond IN 46324

and legally described as: LOTS 1 and 2 AND THE NORTH 10 FEET IN Block 12 IN JACKSON TERRACE IN THE City of Hammond AS REZ PLAT BOOK 17 Page 22 in the office of the Recorder of LAKE County Indiana

which property is owned by Daphne Staden, whose address is 7105 Jefferson Ave Hammond IN 46324, of a total value of \$ 3100-, of which there remains unpaid \$ 3100-, and I further state that I furnished the first of the items on the date of 6/24-6/25/2014, and the last of the items on



the date of 6/25/14

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.

[Signature]  
Signature of Person Claiming Lien

DAVID K GALLOWAY / Galloway-Meyer, Inc  
Name of Person Claiming Lien

Address of person claiming lien: 950 165th St Hammond IN 46324

NOTARY CERTIFICATION FOR CLAIM OF LIEN

State of INDIANA

County of LAKE

On 22nd (date), August 2014 (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.

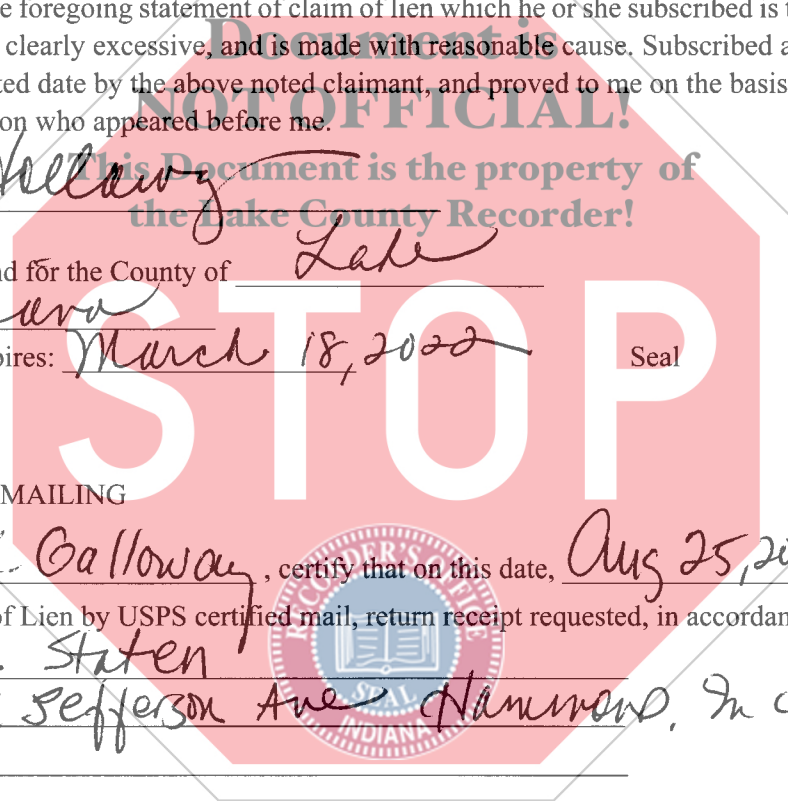
[Signature]  
Notary Signature

Notary Public, In and for the County of Lake

State of Indiana

My commission expires: March 18, 2022

Seal



CERTIFICATE OF MAILING

I, David K. Galloway, certify that on this date, Aug 25, 2014, I have mailed a copy of this Claim of Lien by USPS certified mail, return receipt requested, in accordance with the law, to:

Name: Daphne Staten

Address: 7105 Jefferson Ave Hammond, In 46324

Date: 8/25/14

[Signature]  
Signature of Person Mailing Claim of Lien

David K. Galloway  
Name of Person Mailing Claim of Lien