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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 065939

2015 SEP 24 PM 12: 23

MICHAEL B. BROWN  
RECORDER

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

When recorded, mail to:

Name: Amy Perez

Address: 2170 W 93<sup>rd</sup> place

City: Crown Point

State/Zip: Indiana 46307

Space above reserved for use by Recorder's Office

Document prepared by: Radosav Kljajic  
owner of:

Name Corick Const. Company

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

City/State/Zip Gary Indiana 46408

### Claim of Lien

State of Indiana

County of Lake

**Document is NOT OFFICIAL!**

I, Radosav Kljajic <sup>owner</sup> of Corick Const. Co. 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:

For Home Repair Work. Job is Completed.

Money is owed on a legal contract.

on the following described real property located in Lake County,

State of Indiana, commonly known as: 2170 W 93<sup>rd</sup> place Crown Point, In.

and legally described as: Lot Twenty-four (24) Wirtz Crown Heights,

Unit No. 4 as shown in Plat Book 37,  
Page 10, in the office of the Recorder  
of Lake County, Indiana.

which property is owned by Amy Perez, whose address is 2170 W 93<sup>rd</sup> place

Crown Point Indiana, of a total value of \$ 21,995.<sup>00</sup>, of which there

remains unpaid \$ 2,908.<sup>00</sup>, and I further state that I furnished the first of the items on the date of

Aug 25 2015, and the last of the items on the date of Aug 29 2015.

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.



14  
CASH  
FOR  
CON

Radosav Kljajic owner of Corick Const Co.  
Signature of Person Claiming Lien

Radosav Kljajic owner of Corick Const Co.  
Name of Person Claiming Lien

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

On September 23<sup>rd</sup>, Radosav 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: 7-27-2016 Seal

CERTIFICATE OF MAILING

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

