

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 068478

2015 OCT -6 AM 10:55

MICHAEL B. BROWN
RECORDER

Recording requested by: _____

Space above reserved for use by Recorder's Office

When recorded, mail to: _____

Document prepared by: _____

Name: Doug & Steve Const, INC.

Name: Terry Sammons

Address: 204 Division St

Address: 204 Division St

City/State/Zip: Schererville, IN 46375

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Document is NOT OFFICIAL!

Claim of Lien This Document is the property of the Lake County Recorder!

State of Indiana

County of Lake

I, Doug & Steve Construction, Inc., 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: Concrete Placement



on the following described real property located in Lake County, State of

Indiana, commonly known as: 6188 Marcella Blvd Hobart, IN 46342

and legally described as: # 45-12-11-102-004.000-046

which property is owned by Colvel Investments, LLC, whose address is 552 West Oakdale Ave, Chicago, IL 60657, of a total value of \$ 196,528.50, of which there remains unpaid \$ 43,242.00, and I further state that I furnished the first of the items on the date of August 13, 2014, and the last of the items on

13. CRASH ON

the date of August 7, 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.

[Signature]
Signature of Person Claiming Lien

TERRY ELAINE SAMMONS
Name of Person Claiming Lien

Address of person claiming lien: 284 DIVISION ST
SCHER, IN 46375

NOTARY CERTIFICATION FOR CLAIM OF LIEN

State of Indiana

County of Lake

On Oct 6, 2015 (date), TERRY E. SAMMONS, (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: 07/30/2016

Document is NOT OFFICIAL!
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STOP



ANGELA BOKORI
Notary Public Seal State of Indiana
Lake County
My Commission Expires 07/30/2016

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