

2015 072201

2015 OCT 23 PM 2:28

MICHAEL B. BROWN
RECORDER

**SWORN STATEMENT OF INTENTION TO HOLD LIEN
(NOTICE OF MECHANIC'S LIEN)**

To: Corey R & Catherine A Antcliff
337 Joe Martin Rd.
Lowell, IN 46356

State of Indiana, county of Lake ss:
The undersigned being first duly sworn, makes this sworn statement of intention to hold a lien upon the property described below and says that:

1. The undersigned Graham's Trucking & Excavating, Inc ↓
PO Box 70
Crown Point, IN 46308

intends to hold a lien on land legally described as follows:

Lot 78 in Misty Hills Unit 4, as per plat thereof, recorded in Plat Book 101, Page 3 and as amended by affidavit and certificate of correction recorded 3/7/07 as document #2007-019296, in the Office of the Recorder of Lake County, Indiana.

Parcel #: 45-19-03-453-005,000,037

And commonly known as:

8693 156th Ct. Lowell IN
Street City State

As well as on all building, other structures and improvements located thereon or connected therewith for work and labor done and/or materials and machinery furnished by the undersigned in the erection, construction, altering, repairing, and removing of said buildings, structures and Improvements.

2. The amount claimed under this statement is Sixteen hundred fifty dollars & no cents
\$ 1,650.00.

3. The work and labor were done, and materials and machinery were furnished by the undersigned within the last sixty (60) days.

Sarah E. Wiese Sarah E. Wiese
Signature Name Printed

State of Indiana, Lake County ss:
Before me a Notary Public in and for said county, and State, personally appeared Sarah E. Wiese
Agent and who acknowledged the execution of the foregoing intention to Hold Mechanics Lien.

Witnesseth my hand and seal this 5th day of October, 2015.

My commission expires 6/19/2022 Patricia G. Shure Notary Public

Resident of Lake County Patricia G. Shure Name printed

Recorder of Lake County

This instrument was prepared by Sarah E. Wiese, Resident of Lake County

I affirm under penalties of perjury, that I have taken reasonable care to redact each social security in this document, unless required by law.

(Signature) Sarah E. Wiese (Name Printed) Sarah E. Wiese

AMOUNT \$ 13-
CASH _____ CHARGE _____
CHECK # 10747
OVERAGE _____
COPY _____
NON-COM _____
CLERK nm

