

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Recording Requested By and When Recorded Mail To:

2016 006656

2016 JAN 29 AM 9:44

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA
COUNTY OF LAKE

Space above this line for recorder's use only
(To be recorded in the county recorder's office
in the county in which the property is located.)

MECHANICS LIEN

NOTICE IS HEREBY GIVEN that Claimant Homes by L, Inc

P.O. Box 20, Crown Point, IN 46308

(legal name and address), claims a lien for labor, service,

equipment, or material under Section 8000 et. seq. of the Civil Code of the State of California, upon the premises hereinafter described, and upon every estate or interest in such structures, improvements and premises held by any party holding any estate therein. The work was furnished for the construction of those certain buildings, improvements, or structures, now upon that certain parcel of land situated in the County of Lake, State of

~~California~~, said land described as follows:
INDIANA

STREET ADDRESS: 965 IAN DRIVE, HOBART, IN 46342

and/or KEY# 45-09-31-354-012-000-08

LEGAL DESCRIPTION: LOT 12 IN TRAIL VIEW PLAT BOOK 99 PAGE 55

The lien is claimed for the following labor services, equipment or materials furnished by the Claimant: Construction Supervisor and Trim labor (describe generally). Claimant is owed \$ 18000.00 for work furnished to the work of improvement, after deducting all just credits and offsets, plus interest at the legal rate from the date of this lien.

The name of the person or company by whom Claimant was employed, or to whom Claimant furnished the work is: Mary Dunkin and Sterling Development, LLC

The name(s) and address(es) of the owner(s) or reputed owner(s) of the real property is/are:
P. O. Box 312, Olympia Fields, IL 60461

Name of Claimant: HOMES BY L, INC.

Date: 01/27/2016

By: LARRY LUEBCKE, PRESIDENT
Signature
Print Name & Authorized Capacity



I, the undersigned, declare: I am the PRESIDENT (authorized capacity/title) for the Claimant named in the foregoing claim of mechanics lien: I am authorized to make this verification for the Claimant: I have read the foregoing claim of mechanics lien and know the contents thereof, and the same is true of my knowledge. I certify (or declare) under penalty of perjury under the laws of the State of Indiana that the foregoing is true and correct.

Executed on JANUARY 27, 20 15 at LAKE COUNTY, INDIANA

COMMISSION EXPIRES 10-29-16 COUNTY OF RESIDENCE INDIANA Signature of Claimant or Authorized Agent KIMBERLY KAY SCHULTZ

NORTHWEST INDIANA TITLE
101 E. 90TH DRIVE
SUITE C
MERRILLVILLE, IN 46410
219-755-0100

\$13
NET
CA