

2017 082031

2017 DEC -4 PM 3:23  
MICHAEL B. BROWN  
RECORDER

CLAIM OF LIEN

State of Indiana  
County of Lake

Date: October 4, 2017

Before me, the undersigned Notary Public, personally appeared Yvette Broertjes who duly sworn says that he is the agent of the lienor herein for United Services, DKI - a division of U.S. Contractors, Inc whose address is 500 E. Ridge Road Ste. 201, Griffith, IN 46319 and that in accordance with a contract with Ismail Hamed, 1719 W. 93<sup>rd</sup> Avenue, Crown Point, IN 46307 lienor furnished labor, services or materials consisting of emergency services to the property due to fire damage on the following described real property in Lake County, State of Indiana.

Parcel# 45-12-32-227-007.000-029  
Legal Description: FOUNTAIN RIDGE ADD UNIT 4 L 123  
Address: 1719 W 93RD AVE, CROWN POINT IN 46307  
Owned by: Ismail H & Aiah Hamed

Of a total value of Three Thousand One Hundred Eleven and 12/100 dollars (\$3,111.12). Of which there remains unpaid \$ 2,811.12, and furnished the first of the items on September 15, 2017 and the last of the items on October 04, 2017 and (if the lien is claimed by one not in privity with the owner).

United Services, DKI  
Lienor  
By Yvette Broertjes  
Agent

State Of Indiana  
County Of Lake

On the date above before me Appeared Yvette Broertjes Personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.  
WITNESS my hand and official seal.

Signature Bellena I. Goodwin Affiant  Known  Produced ID   
Signature of Notary Type of ID



"I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."

PREPARED BY: Belle Goodwin

AMOUNT \$ 25.-  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 635650  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON - COM \_\_\_\_\_  
CLERK MB