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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 086325

2017 DEC 20 AM 9:34

MICHAEL B. BROWN
RECORDER

Recording requested by: JAMES BETKOWSKI Space above reserved for use by Recorder's Office
 When recorded, mail to: Document prepared by:
 Name: JAMES BETKOWSKI Name: JAMES BETKOWSKI
 Address: 11300 W. 97th Ln Address: 11300 W 97th Ln
 City/State/Zip: St. John, IN. 46373 City/State/Zip: ST JOHN, IN. 46373

Document is
NOT OFFICIAL

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

State of INDIANA
County of LAKE

I, JAMES BETKOWSKI, 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:

- Use of facilities & staff
- Merchandise
- Flowers
- CRIMATION Services
- Clergy Fees
- Death Certificates
- Newspaper obits.
- Cremation fee



on the following described real property located in LAKE County, State of INDIANA, commonly known as:

and legally described as: SEE ATTACHED

which property is owned by ANGELA Blosky, whose address is 9735 Roseway Dr. St. John, IN. 46373, of a total value of \$ 4640.21, of which there remains unpaid \$ 3902.82, and I further state that I furnished the first of the items on the date of 10/31/2016, and the last of the items on

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14471
RM

the date of 11/19/2016.

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.

James Betkowski
Signature of Person Claiming Lien

JAMES BETKOWSKI
Name of Person Claiming Lien

Address of person claiming lien:
11300 W. 97th Lane
St. John, Indiana 46373

NOTARY CERTIFICATION FOR CLAIM OF LIEN

State of Indiana

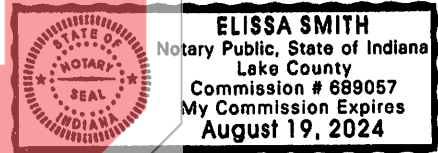
County of Lake

On 12/19/2017 (date), James Betkowski (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.

"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: JAS

Elissa Smith
Notary Signature

Notary Public, In and for the County of Lake
State of Indiana
My commission expires: 8/19/2024



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

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STOP



LOT 14 IN ROSEWOOD ESTATES, PHASE ONE, AN ADDITION TO THE TOWN OF SAINT JOHN,
AS RECORDED IN PLAT BOOK 89, PAGE 23 IN THE OFFICE OF THE RECORDER OF LAKE
COUNTY, INDIANA.

Property Address: 9735 Rosewood Drive, Saint John, Indiana 46373

Key No. 45-11-32-303-002.000-035