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2019 026759

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2019 MAY -8 AM 10: 23

MICHAEL B. BROWN RECORDER

Recording requested by: Paul W Gaudy. When recorder mail to: Name: Paul W Gausy Documen	Space above reserved for use by Record	ders Office
Address: 1060 W 49 44 A AMB O TOTAL		
	CIAL!	
City/State/Zip: This Document is the	property of	
Claim of lien the Lake County F	Recorder!	
State of NDIANA		
County of Lake		
1, Paul W (Jaudy), b	eing duly sworn,state the following:	
In an effort to protect our neighborhood housing values and to c	orrect the dilanidated	
conditions of this abandon property and prevent further vandals		materials:
1)Lawn service 2016, 2017, 2018.	\$11,725.00	
2)Repair electric to furnace.	\$625.00	
3) Snow removal 16,17,18. WOIANA	\$ 1,950.00	
4)Utilities. 8 years x Av \$75.00 mo x		
5)24 ionization Treatments@ \$45.00e		
6) Reroof garage.	\$ 3,500.00	0
7) control mulberry growth.	\$700.00	
Windows and door replacement .	\$650.00	
9) SW bedroom mold rem,	\$1200.00)
10) Continuing mold remediation trea	atments \$400.00)
11) Chimney repair.	\$375.00	
. 12) remove leaking windows and inst	all French doors. \$1100.0	0 .
On the following described real property located in	County,State of	
/NDIANA ,commonly known as :	*	
	9	\$ 350
	/t	\$ 350
	149208	

13) repair septic tank (root bound).	\$1200.00
14) Clean gutters 16,17,18.	\$300.00
15) gutter drain pipes	\$150.00
16) fill SW corner of foundation	\$400.00
17) install new steps and rear deck to back door.	\$3500.00
Total.	\$36,055.00



On the following descri	bed real property located in	dake	County,State of
_ NDIANA	,commonly know	n as :	: 4
•	Lake, State of Indiana, and n	915 West	: 49th. Avenue, Gary, County of a l as follows, to-wit:
and legally described as:	The West 75 feet of the East scribed parcel: Part of the 33, Township 36 North, Range	550.22 feet of the North I Northeast Quarter of the S 8 West of the 2nd P.M., co sing thence South along the sallel with the North line at East line of said tract the North line of said tract	1.67 feet of the following de- couthwest Quarter of Section commencing at the Northeast 2. East line thereof 686 feet; 3. of said tract 635.2 feet; 486 feet to the North line
	penally, if any, and all real	estate taxes due and paya	9.5
•	Subject to recorded liens, end highways and legal rights of rate survey or inspection of	way, and matters which wou	rictions, ditches and drains, ld be disclosed by an accu-
which property is own	ed by Jove The	rankfind is wh	nose address is
915 W ×19 E		JDIANA 46408	
of \$ 36,055.00	,of which there remains unpa	aid \$ 36.035. ar	nd I further state that I
,	e items on the date of 7/5	t is the property	ot \
the date of $\frac{5/6}{}$	the Lake/Co	ounty Recorder!	
I hereby, under the law	s of the State of Indiana claim	a lien against the above de	escribed property in the amount of
	hich remains unpaid to me.	a non against the above ac	scribed property in the amount of
Paul I	Gandy	Paul (d.	Canor
Signature of person Cla		Name of Person C	laiming Lien
Address of Person Clai	ming Lien: 911 w49th Ave,Gar	y Indiana	
	ath, stated he/ she is the perso	described in the above d	came before me ocument and that he /she signed
the above document in	my presence.		
/ Jama			
Notary Signature		SEAL	1816 15, 2024
Notary Public, In and for the County o	LAKE State	MOJANA WE AND IANA	Hesident of Lake, IN 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19
My commission expires	. Jiai		Sensibul to sists, State of Indiana
CERTIFICATE OF MAILI	NG	Seal	"Official Seal" "Official Seal" " Lyons
I Paul Gaudy,certify that of Mail ,return receipt reque	on this date, ested,in accordance with the law	, I have mailed a copy of to	his CLAIM OF LIEN by USPS certifie
Name:			
Address:			
Date:			
·			

Name of Person Mailing Lien

Signature of Person Mailing Claim of Lien.

Prescribed by the State Board of Accounts (2005)

Declaration

This form is to be signed by the preparer/verifier of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned verifier of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

- 1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number.
- 2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, the undersigned, affirm under the penalties of perjury, that the foregoing declarations are true

