

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-067835

2:32 PM 2021 Nov 17

MECHANICS LIEN

NOTICE IS HEREBY GIVEN that
Claimant John Braske, Northwest Indiana Concrete Cutting claims a lien for labor,
service, hereinafter described, and upon every estate or interest in such structure, 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 Indiana said land described as follows:

Street Address: 8495 Calhoun Place, Crown Point, IN 46307
Michael Rybolt

Legal Description: Parcel: 45-11-25-306.0046000-032 Spring Rose Health Subdivision Unit 5
Lot 5

The lien is claimed for the following labor, services, equipment or materials furnished by the claimant:
John Braske, Northwest Indiana Concrete Cutting Claimant is owed
\$ 350 for the work furnished to the above mentioned property. After deducting all just credits
and offsets, plus interest at the legal rate from the date of the lien.

The name and address of the person or company by whom the Claimant was employed, or to whom Claimant furnished the
work is: PVC Construction & Remodeling located at:
10430 Bull Run Drive, St. John, IN 46373

The name and address of the owner(s) or reputed owner(s) of the real property is/are:
Michael Anthony Rybolt 8495 Calhoun Place, Crown Point, IN

Name of Claimant: John Braske

By: Northwest Indiana Concrete Cutting
Owner Print Name & Authorized Capacity

VERIFICATION

I, the undersigned, declare: I am the owner (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 November 17, 2021 at Lake County Indiana

Signature of Claimant J Braske

County of Lake
State of Indiana

"I AFFIRM, UNDER THE PENALTIES FOR
PERJURY THAT I HAVE TAKEN REASON-
ABLE CARE TO REDACT EACH SOCIAL
SECURITY NUMBER IN THIS DOCUMENT,
UNLESS REQUIRED BY LAW."
PREPARED BY: Stacy

Prepared by Stacy Deming



Notary: Stacy Deming
Stacy Deming

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CS
RM