

NOT AN OFFICIAL DOCUMENT

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GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2023-014928

3:12 PM 2023 Jun 7

Send Notice to: (recording fee includes notice to one address, \$2.00 fee for each additional)

1. VICKI ROOP 12350 West Daviti Lane Tucson Arizona 85736 (name & address)
2. (name & address)

SWORN STATEMENT AND NOTICE OF INTENTION TO HOLD MECHANIC'S LIEN

Claimant Name: 2 SUNZ HOLDINGS LLC ("Claimant")
 Claimant Address: 19336 WILDWOOD AVE LANSING ,IL 60428
 Property Owner Name(s): VICKI ROOP
 Property Address: 4364 PENNSYLVANIA, GARY,IN 46409
 Parcel Number: 45-08-27-353-023.000-004
 Property Legal Description (Property): THE SOUTH 5 FEET OF LOT 38, ALL OF LOT 39 AND THE NORTH 8 FEET OF LOT 40, BLOCK 1, IN

CLAIMANT intends to hold a Mechanic's Lien against property owner(s) in the amount of \$20,000 ("Amount of Claim") for labor, materials or equipment, as described in Section 1 of Indiana Code 32-28-3, provided by the CLAIMANT. The last day that services, labor, materials, equipment and work were performed at the above property was on APRIL, 15 2023 (date).

YOU ARE HEREBY NOTIFIED that the above-referenced CLAIMANT intends to hold a Mechanic's Lien on the real estate above-described and identified as Property, and on improvements thereon, and any and all leasehold interests existing therein. The CLAIMANT intends to hold a Mechanic's Lien on the Property for the amount above-identified as the AMOUNT OF CLAIM, plus attorney fees, interest and all related costs. These sums are owed to the CLAIMANT.

The undersigned person executing this instrument, having been duly sworn upon his or her oath, under the penalties of perjury, hereby states that CLAIMANT intends to hold a Mechanic's Lien upon the above-described Property, and the facts and matters set forth in this Notice of Intention to Hold Mechanic's Lien are true and correct.

REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK – SIGNATURE PAGE TO FOLLOW

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KD

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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. (IC 36-2-11-15) Prepared by:

2 Sunz Holdings LLC (Printed name of individual)

Claimant Signature: [Signature] (manager) Date: 6-7-23

Printed Name: Dennis Holman (manager)

STATE OF INDIANA, COUNTY OF Lake

Before me, the undersigned, a Notary Public, in and for said County and State, this 7th June 2023 (date) personally appeared Dennis Holman, said person being over the age of 18 years, and acknowledged the execution of the foregoing instrument.

[Signature]
Notary Public Signature

Printed Name: Jennifer Tabernacki

My commission expires: 04/07/2030



JENNIFER TABERNACKI
Notary Public, State of Indiana
Lake County
Commission # NP0740375
My Commission Expires
04/07/2030