

# NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL  
RECORDER

2024-030773

STATE OF INDIANA  
LAKE COUNTY  
RECORDED AS PRESENTED

11:54 AM 2024 Oct 28

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

1. \_\_\_\_\_ (name & address)

2. \_\_\_\_\_ (name & address)

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

Claimant Name: United Services, a div. of U.S. Contractors, Inc. ("Claimant")

Claimant Address: 500 E. Ridge Rd., Griffith, IN 46319

Property Owner Name(s): William H & Linda Massie Trust

Property Address: 591 McKinley St., Gary, IN 46404

Parcel Number: 45-08-05-408-016.000-004

Property Legal Description (Property): GARY LAND CO'S. 4TH SUB. ALL L.18 BL.17

CLAIMANT intends to hold a Mechanic's Lien against property owner(s) in the amount of \$ 65,593.68 ("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 03/17/22 to 09/24/24 (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

25  
cc  
cc

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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:

Thomas Broertjes (Printed name of individual)

Claimant Signature: Thomas Broertjes Date: 10/25/24

Printed Name: Thomas Broertjes

STATE OF INDIANA, COUNTY OF LAKE

Before me, the undersigned, a Notary Public, in and for said County and State, this 10-25-24 (date) personally appeared Thomas Broertjes, said person being over the age of 18 years, and acknowledged the execution of the foregoing instrument.

Kelly R Henderson  
Notary Public Signature

Printed Name: Kelly R Henderson

My commission expires: 07-21-2030

