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Doc#: 0730660067 Fee: \$19.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 11/02/2007 03:57 PM Pg: 1 of 5

ORIGINAL CONTRACTOR'S CLAIM FOR LIEN

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STATE OF ILLINOIS) COUNTY OF COOK) SS. BELOS J. PIRYAOF

v. 8513 W. FOSTER AVENUE, LLC,

(The Above Space For Recorder's Use Only)

THE CLAIMANT BELOS J. PIRAYOF of Chicago County of Cook State of Illinois hereby file a Claim for Lien against 8513 W. FOSTER AVENUE, LLC of Cook County, of the State of Illinois, and state ;

THAT on the 13th day of May, 2007 8513 W. FOSTER AVENUE, LLC was the owner of the following described land, to wit:

LOT ONE HUNDRED ONE (101) IN ST. JOSEPH MANOR, BEING A SUBDIVISION OF PARTS LOTS 2, 3, AND 4 IN GERARD H. FRANZEN ESTATE DIVISION OF THE NORTHEAST QUARTER (1/4) OF THE SOUTHWEST QUARTER (1/4) OF

in Section 11 Township 40 North Range 12 East County of Cook State of Illinois.

Permanent Index Number (PIN): 12-11-313-011-0000

THAT on the 13th day of May 2007 and thereafter the Claimant made a contract with said owner (1) Francesco Inserra, authorized and permitted by said owner to make said contract

(2) to perform certain remodeling and repair work (See attached invoices)

for the building (3) erected on said land for the sum of \$ 2,247.01 and on the 13th day of July 2007 19 completed thereunder (4) All required to be done by said contract

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- (1) If contract made with other than the owner, erase "said owner," name such person and add "authorized and permitted by said owner to make said contract."
- (2) State what was to be done (3) "being," or "to be," as the case may be.
- (4) "All required to be done by said contract," or "work to the value of," or "delivery of materials to the value of \$ _____, as set forth in an account thereof herewith filed and made part hereof, marked Exhibit _____ as the case may be.

* THAT the claimant _____ did extra and additional work on, and delivered extra and additional materials at said premises of the value of \$ _____ at the special instance and request of said

as fully set forth in an account thereof herewith filed and made part hereof, marked Exhibit _____ and completed same on the _____ day of _____ 19 _____

THAT said owner _____ entitled to credits on account thereof, as follows, to wit: _____

leaving due, unpaid and owing to the Claimant _____ on account thereof, after allowing all credits, the balance of \$ _____ for which, with interest, the Claimant _____ claim _____ a lien on said land and improvements.

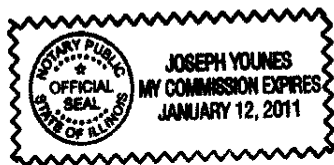
STATE OF ILLINOIS)
 COUNTY OF COOK) SS.

THE AFFIANT _____ PELOS J. PIRAYOF

being first duly sworn on oath deposes and says, that he is _____

of the Claimant _____; that he has read the foregoing notice and Claim for Lien, knows the contents thereof, and that all the statements therein contained are true.

Subscribed and sworn to before me this _____ 17th day of _____ September, 2007 A.D. 19 _____



Belinda King

 September, 2007

Joseph Younes

 Notary Public

Mail to: _____
 Name Joseph Younes
 Address 120 W. Madison St., Suite 1405
 City Chicago, Illinois 60602

This instrument prepared by:
 Name Joseph Younes
 Address 120 W. Madison St., Suite 1405
 City Chicago, Illinois 60602

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RON

PURCHASE ORDER

TO		SHIP TO	
ADDRESS 8513 - FOSTER		5-16-07	
CITY, STATE, ZIP		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	

DATE	DATE REQUIRED	TERMS	HOW SHIPPED	REQ. NO. OR DEPT.	FOR
------	---------------	-------	-------------	-------------------	-----

QUANTITY	DESCRIPTION	PRICE	UNIT
1			
2			
3	INSTALL NEW A/C UNIT	2 1/2	TON
4	NEW PIPES RECONNECT WIRING		
5	1 YEAR. LABOR WARRANTY		
6	5 YEAR. PART. 5 YEAR COMPRESSOR.		
7	LABOR		
8	MATERIAL		
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			

\$1850.00

IMPORTANT

PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES - PACKAGING, ETC.

PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO COMPLETE ORDER BY DATE SPECIFIED.

PLEASE SEND _____ COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

PURCHASE ORDER

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TO 8513.FOSTER.		SHIP TO 6-6-07	
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
DATE	DATE REQUIRED	TERMS	HOW SHIPPED
			REQ. NO. OR DEPT.
			FOR

QUANTITY	DESCRIPTION	PRICE	UNIT
1	INSTALL NEW DOOR KNOB FOR		
2	ENTRY DOOR.		
3			
4	REPLACE FUSE FOR ELECT. BOX		
5			
6	REPLACE INSTALL NEW DOOR MOLDING		
7	ENTRY DOOR.		
8			
9	INSTALL NEW SLAB SINK DRAIN		
10			
11	AND FAUCET.		
12			
13			
14			
15	TOTAL MATERIAL.	330.00	
16	LABOR		
17			
18			
19			
20			
21			
22			

IMPORTANT	
PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES - PACKAGING, ETC. PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO COMPLETE ORDER BY DATE SPECIFIED.	PLEASE SEND _____ COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING. PURCHASING AGENT

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188495

PURCHASE ORDER

TO 8740-RESERVE.FOSTER	SHIP TO
ADDRESS BELLWIN	ADDRESS EDT
CITY, STATE, ZIP	CITY, STATE, ZIP

DATE	DATE REQUIRED	TERMS	HOW SHIPPED	REQ. NO. OR DEPT.	FOR
------	---------------	-------	-------------	-------------------	-----

QUANTITY	DESCRIPTION	PRICE	UNIT
1			
2	INSTALL NEW DOOR KNOBS.		
3			
4	8 COPY NEW KEYS		
5			
6			
7			
8			
9	LABOR.	185 ⁰⁰	
10			
11		75 ⁰⁰	
12	MATERIAL.		
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			

260.00

IMPORTANT

PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES - PACKAGING, ETC.

PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO COMPLETE ORDER BY DATE SPECIFIED.

PLEASE SEND _____ COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

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