

Doc#: 0816555081 Fee: \$30.50 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds

Date: 06/13/2008 02:46 PM Pg: 1 of 4

Recording requested by: ThomAS ROSE	
When recorded, mail to:	
Name: Thomas Rose	Space above reserved for use by Recorder's Office
Address: 2417 S. SmarBack TR	Document prepared by:
City: arlivorton laghts	Name Thomas Rese
State/Zip: II. 60005	Address 2417 S. SMaBark M.
Or	City/State/Zip arliverton Heights. IL Goods
Claim of Lien	
State of ILLINOIS	4
County of Cook	C
I, Thomas Rose	, being duly sworn, state the following:
$ \begin{array}{c} P_{iN} \neq \\ 10-33-107- \end{array} $ on the following described real property located in _	o32-000 Fixed Frewell Ar. Sec Attached Invoice for de pails, Cook County,
State of $///NO/S$, com	monly known as: 5204 Faruell AVE.
· · · · · ·	Oddition 1 Skopie, II- 60077
and legally described as: Lot 14 in this! Subdivision being a subdivision of section 33, township 41 [Meridian, in cour county, I which property is owned by Mrs. + Mr. H	SKOKIE, II. 60077 addition to Earnest L. Kloses Tower of Part of the East 1/2 of the Northwest L Vorth, Range 13, East of the third principal ELLINUIS of a total value of \$ 14, 175, 42 , of which there
	of a total value of $\frac{14}{175}$, of which there
remains unpaid $\$$ 9912 and 1	further state that I furnished the first of the items on the date of
3/19/08 (contract, and the last of	of the items on the date of 6-6-68 - work stopped
I hereby, under the laws of the State of Thin	o(5 , claim a lien against the above-described
property in the amount of money, stated above, which	ch remains unpaid to me.

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Thuran m. Rose II
Signature of Person Claiming Lien
Thomas M. Rose II
Name of Person Claiming Lien
Address of person claiming lien:
On
and, under oath, stated that be/she is the person described in the above document and that he/she signed the above
document in my presence.
Notary Signature MUTSURE
Notary Public,
In and for the County of Cook State of Illinois OFICM SEA
My commission expires: 12 12 2010 Seal NOTATY PLACE STATE OF ALBERT
CERTIFICATE OF MAILING
l,, certify that on this date, l have
mailed a copy of this Claim of Lien by USPS certified mail, return receipt requested in accordance with the law, to:
mailed a copy of this Claim of Lien by USPS certified mail, return receipt requested in accordance with the law, to: Name:
Address:
Date:
Signature of Person Mailing Claim of Lien
Name of Dayson Mailing Clair Clair
Name of Person Mailing Claim of Lien

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RZ Designers

Design Build Firm

2417 S. Shagbark Trail Arlington Heights, IL 60005 Phone (847) 427-0700 Fax (847) 427-0702

INVOICE #10000 DATE: MAY 15, 2008

TO:

Hobin Yim 5204 Farwell Skokie, IL 60077 847-674-7811 FOR:

[Project or service description]

[P.O. #]

DESCRIPTION	HOURS	RATE	material	AMOUNT
Repair Water pipes in ceilir g f om kitchen, hall bathroom, family room in ceiling	12.5	65.00		812.50
Materials needed in order to fix pipes, water issues			34.00	34.00
Water lines run/installed for the laundry room + material	8	65.00		520.00
Replace 2 layers of drywall in family room celling 12 sheets1 area Replace 2 layers of drywall in kitchen ceiling 4 sheets? area	72			2500.00
Replace 1 layer drywall in hall bathroom Repair drywall in hall bathroom & laundry room from electrician				
ile	OUNEL	Cotto		
Material GROUT Flour un Check for material Zundy Room			3592.92 -800.00 2792.92 +34.00	

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	., (_)			
Balance owed on contract				2087.50
Sub totals			1992.92	3832.50
	 	TOTAL		7912.92
90				
Make all checks payable to RZ Designers				
Make all checks payable to RZ Designers		ı.		
Total due in 15 days. Overdue accounts subject to a service charg	e or 5% per mont	n.		

of you Thank you for your business!