ORIGINAL CONTRACTOR'S CLAIM FOR LIEN

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STATE OF ILLINOIS SS. COUNTY OF COOK

Indelible Impressions Construction Inc



Doc#: 0912629096 Fee: \$30.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds

Date: 05/06/2009 04:27 PM Pg: 1 of 4

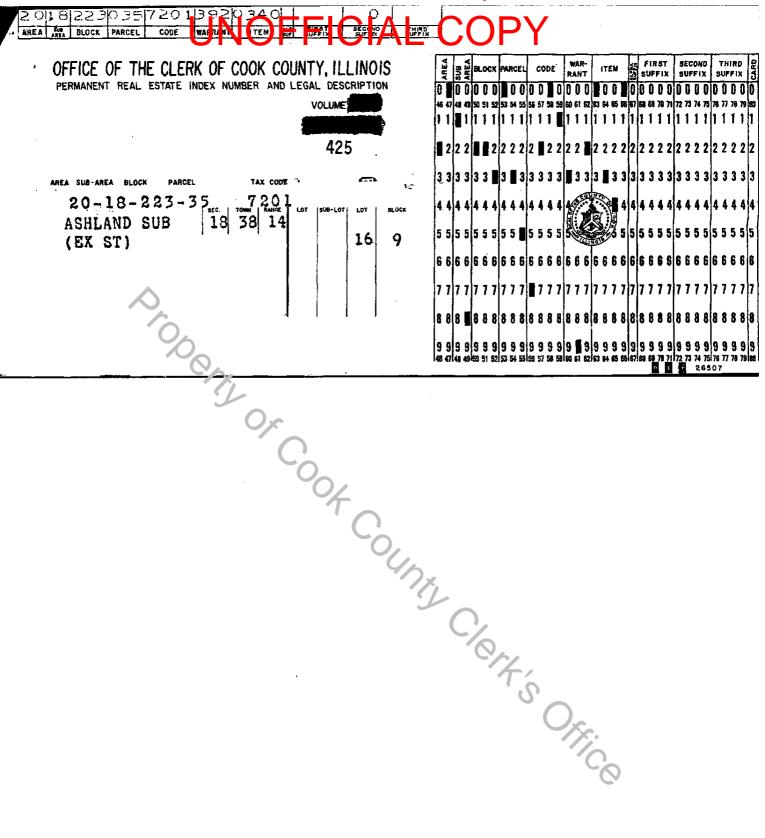
ν,	
Jimmie L. Elliott, Deborah A. Elliott	(The Above Space For Recorder's Use Only)
line N. C. Compage High Francis	tations Construction Indelible Impressions Inc. n Thousand (13,000)
Academy tine:	Indelible Impressions Inc
THE CLAIMANT Thirtee	n Thousand (13,000)
of 560 S As land Con	unty of COOK State of TII
hereby file 🚄 a Claim for Lie., against Jimmle	L. Elliot, Deborah A Elliott High Expectation
of County, of the State of Illino	DE Borah A Elliot High Expectations, and state;
	was the owner of the following described land, to wit:
5744-5748 S Ashlan	d chicago III 60643
	46
in Section 18, Township 38, Ra	ange 14, County of Cook
State of Illinois.	
Permanent Index Number (PIN): 20183	230350000
	2,1
THAT on the day	of
Claimant range a contract with said owner (of
A Elliott	·/Q
(2) to Architectural service	ces, construction Fouriew
Drocessing, field work	Labor hours to 4 from Springfield
for the building (3) 5744 - 5748	day of March 2009
\$ 13, 000 and on the 3	day of March 20 0 4
completed thereunder (4) Site asses	nent walk through Finalize
with owner closure no	t proceeding with construction
cancell Lic Close Proje	<u>d'</u>
<i>y</i> 5	
	·

Original Contractor's Claim for Lien

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	¥ 3. 4
	ner '' name such person and add ''authorized and permitted
(1) If contract made with other than the owner, erase "said own	ici, name such person and add
by said owner to make said contract."	e '' as the case may be.
(2) State what was to be done (3) "being," or "to be (4) "All required to be done by said contract," or "work to	the value of." or "delivery of materials to the value of
(4) "All required to be done by said contract, or work to	an account thereof herewith filed and made part hereof,
, as set form in	an account allocation
marked Exhibit as the case may be.	
* THAT the claimant did extra and additional work on, ar	nd delivered extra and additional materials at said premises
of the value of \$ ^	at the special instance and request of said
s at the first and m	ade part hereof, marked Exhibit and
completed same on the day of	20
entitled to credits	on account thereof, as follows, to wit:
THAT said owner entitled to credits	
Ox	
leaving due, unpaid and owing to the Claimant	ecount thereof, after allowing all credits, the balance of
\$ 13,000	for which, with interest, the Claimant claim
	<i>C.</i>
a lien on said land and improvements.	*7 _X ,
	7
STATE OF ILLINOIS OOK) SS.	C)
·	IANT Norve Ha Landon
	<i>'E'</i>
being first duly sworn on oath deposes and says, that he is	<u></u>
of the Claimant; that he has read the foregoing notice a	nd Claim for Lien, knows the contents thereof, and that all
the statements therein contained are true.	
/.	parties 119
Subscribed and sworn to before me this	$\underline{\qquad}$ day of $\underline{\qquad}$ A.D. $20\underline{09}$
g "OFFICIAL SEAU"	Alicia Alelto
FELICIA SHELTON	Juliu Jaurun
Notary Public, State of Illinois My Commission Expires Nov. 06, 2011	Notary Public
***************************************	This instrument prepared by
Mail to:	This instrument prepared by:
Name Jimmie L. Elliott	Name
Address 5744-48 S Ashland	Address 5691 S Ashland
City Chao FII 60636	City Chicago III 60636
	-

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INDELIABLE IMPRESSIONS CONSTRUCTION INC.

5621 So Ashland Chicago III 60636 Office 773-863-7082 Fax 773-863-7083

† † †

Invoice

• • •		† † †	**	*	₽₽₽	+ ++
BALANCE DUE	13,000.00	REF NO.	QTY	DESCRIPTION	PRICE EACH	TOTAL
Office Manager	Norvetta Landon	2256		Arcitectural Services		
Invoice number	2256			SERVICES		
Invoice date	201 Fb 19 2009			Review Drawings w/City of Chicago		
Customer ID	310 N. 1 .0.0			Field Measuring		
	2009 3°° Murchall			Preliminary drawings for approval		
Terms				of Daycare facility.		
Week started				Including: Start up of		
Week Ending	\mathcal{O}	ac .		new business. High Expectati	bias	
FOB				Permitt review		
Prepaid / Collect	2000					
Tax exempt	No			Drawings for 3-2-Story building totaling		
Reason				3200 square footage		
Exemption no.				and		
† † †				1- story Masonry building totaling		15,000.00
Cranito Installation	**************************************			1,875 ś.F		
Name	Jimmie L. Ellid	<u>ー</u> フ		Jimmie L. Elliott Deburah A. Elliott		
	11128 S Longwood	7		Deburah A. Elliott		
Address (line 2)	ā., "			<i>y</i>		
**	Chicago III 60443					
Postal code, Country	Ū					
Phone					ļ	
Fax				174		
Company name	Jim Air Compressor ign Expectations			CAS		
+++ H	ign Expectations					ļ
	teademy				/X	•
Retype the following only						
address are not the same	as the SOLD TO name				4	O'
and address.					1	
Name J	imme L. Elliott					ŀ
	5744-5748					
Address (line 2)	s. Ashland					
City, State or Prov.	thicago III					
Postal code, Country						
Company name	thicugo III Jim Air Compressor					-
Checks made payable	lry:				BTOTAL	15,000.00
Indelible Impressions	Inc.			Sales tax %	•	
5621 S Ashland				i	iscount	
Chicago, III 60636				· PA	YMENTS	2,000.00
773-863-7082				AMOUNT TO	BE PAID	13,000.00
				TERMS:	Not 14 d	lays-10