**UNOFFICIAL COPY** 



Doc#: 1009556039 Fee: \$30.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 04/05/2010 12:08 PM Pg: 1 of 2

Recording requested by: ERIC SMITH	
When recorded, rail o:	C
Name: Eruc Suith	Space above reserved for use by Recorder's Office
Address: 12347 Your House Ro.	_ Document prepared by:
City: BEACH PORK	Name Exic Smith
State/Zip: 12 , 60087	Address 12347 YORKHOUSE PD.
	City/State/Zip BEACH PARK, 1L 60087
Claim of Lien	20/
State of ILUNOIS	
County of COOK	
-	, being duly sworn, state the following:
I, ERIC SMITH	bor and/or material, 1 did famish the following labor and/or materials:
on the following described real property locate	ed in Cook County,
State of ILLINOIS	, commonly known as:
5219 N. MOBILE AVE.	
and legally described as: PIN # 13-08	- 126 - 014
LOT 122 IN ANGELINE DYNIE	OF THE THEO PRINCIPAL MERIDIAN IN COOK COUNTY, IL
which property is owned by John & ANGE	ELA MONACELLI, whose address is 5219 N. MOBILE AVE
CILICACO 11 60630	, of a total value of \$ 9,850.00, of which there
·	, and I further state that I furnished the first of the items on the date of
2 Nov. 2009, and th	e last of the items on the date of 4 MARCH 2010 .
I hereby, under the laws of the State of	1LLINOIS, claim a lien against the above-described
property in the amount of money, stated abov	

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Gi ( Company Lion
Signature of Person Claiming Lien
Name of Person Claiming Lien
Address of person claiming lien:
On April 5 2010 came before me personally
on came before the personally and, under oath, stated that he/she is the person described in the above document and that he/she signed the above
document in my presence.
Justher 3
Notary Signature  OFFICIAL SEAL  Notary Signature  Notary Mariews
Notary Public  My Commission Expires Feb 8, 20
In and for the County of Stare of Stare of
My commission expires: $(e^{-b}) = (e^{-b}) = (e^{-b})$
CERTIFICATE OF MAILING
I, ELIC SMITH , certify that on this date 5 AFEIL ZOIO, I have
mailed a copy of this Claim of Lien by USPS certified mail, return receipt requested. in accordance with the law, to:
Name: JOHN & ANGELA MONACELLI
Name: JOHN & ANGELA MONACELLI  Address: 5219 N. MOBILE AVE, CHICAGO, 11 60630
Date: 5 APRIL 2010
2
Signature of Person Mailing Claim of Lien
KRIC SMITH
Name of Person Mailing Claim of Lien