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ORIGINAL CONTRACTOR'S MECHANICS LIEN CLAIM
STATE OF ILLINOIS)) SS COUNTY OF Cook____)

Doc#: 1030549067 Fee: \$31.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 11/01/2010 01:51 PM Pg: 1 of 5

(above space for recorder's use)

WHEREFORE, The property Owner (identified below), owned the Subject Property (identified below) on the Date of Contract: 6/29/2010

WHEREFORE, on or about the Date of Contract, the Lien Claimant (identified Below) made a contract with the Property Owner (or agent of same) to make the following Improvements to the Subject Property:

See Attached Invoice

Nature of agreement (check one): Verbal Written;

WHEREFORE, the Lien Claimant's agreement was with:

Name: ProTech Water Damage

Contact Person: Diane Ratliff

Street Address: 2010 Touhy Ave Suite G

City, State, Zip: Elk Grove Village, IL 60007

who, on information and belief, was acting with authority of the Property Owner to make subcontracts for the improvement of the Subject Property;

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7. (North) to
 1. (North) walls SR, subdivision of THE
 east 1/2 of THE Southwest 1/4 of THE
 East of THE Third Principal Meridian (EXCEPT
 THE EAST 50 FEET THEREOF AND EXCEPT THE
 RIGHT OF WAY OF CHICAGO AND NORTHERN
 RAILWAY), IN COOK COUNTY, ILLINOIS.

TAX # 10-12-313-007

COMMON ACCESS TO PARK AVENUE, AVENUE
 FOREST, ILLINOIS COUNTY, ILLINOIS
 ILLINOIS.

Property of Cook County Clerk's Office

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WHEREFORE, the Lien Claimant performed work to the Subject Property on the Date of Last Substantial Work, which was 7/02/2010

WHEREFORE, the Lien Claimant: (select one)

- Fully performed its obligations under contract
- Was excused from full performance for the following reason(s):

WHEREFORE, the contractor that hired Lien Claimant:

Agreed in the initial contract to pay: \$ 2278.08

Requested additional work amounting to: \$ 100.00 filing fees

TOTAL CHARGES: \$ 2378.08

Is entitled to credits for payment amounting to: \$ _____

Is entitled to additional credits amounting to: \$ _____

TOTAL CREDITS: \$ _____

Leaving due, unpaid, and owing to the Lien Claimant:

LIEN CLAIM: \$ 2378.08

NOW THEREFORE, The Lien Claimant hereby files notice and claim for lien against the Subject Property and the improvements thereon, further against the monies due or to become due from the Property Owner as a consequence of the improvements, and upon the materials provided, against the interests of the Property Owner, the Original Contractor and any Other Interest Holders, (identified below).

The "Subject Property" is the following:

Street Address: 126 Park Ave

City, State, Zip: River Forest, IL 60305

PIN: 15-12-313-017-0000

The legal description should be attached to this Lien as exhibit A.

UNOFFICIAL COPY**Invoice**

2010 TOUHY AVE
SUITE G
ELK GROVE VILLAGE, IL 60007

Date	Invoice #
7/6/2010	6325DR

Customer Name
Haddad, Ron 126 Park Ave River Forest, IL 60305

Bill To
Triple A Kerry Moffer 512-743-0248 630-320-7245 Fax

Policy #	Claim #	Rep
HOM014838146	IL5483222	SCHMI

Item	Description	Qty	Rate	Amount
Em Service Call/CT3	Service call for sewage. Drive to site to evaluate damage.	1	184.00	184.00
CT3 Ext-CEMENT	Extraction gray/black water, or contaminated water from outside source. Price per SQ. FT. Minimum charge \$198.42 or \$1.12 per SQ. FT.	231	1.12	258.72
CT3 Ext-TILE	Extraction of gray/black water, or contaminated water from outside source. Price per SQ. FT. Minimum charge \$198.42 or \$1.12 per SQ. FT.	143	1.12	160.16
Decontamination of Equipment	Decontamination of extraction and drying equipment after drying structure contaminated with gray/black water.	1	99.00	99.00
Pressure Clean Sewage	Pressure clean sewage/remove liquid waste and treat with antimicrobial. Price per SQ. FT.	374	0.89	332.86
Washdown/Scrub	Washdown/Scrub with bleach and/or antimicrobial on affected area.	374	0.91	340.34
Furniture Remove and/or Replace	Furniture or office equipment. Price per hour.	1	38.00	38.00
Dehumidifier-2000	Dehumidifier. 1 x 4 days x \$135.00/day	4	135.00	540.00
Dehumidifier-2000	Dehumidifier. 1 x 1 days x \$135.00/day	-1	135.00	-135.00
Turbo Air Mover	4 x 4 days x \$28.00/day.	16	28.00	448.00
Turbo Air Mover	4 x 1 days x \$28.00/day.	-4	28.00	-112.00
Set-up/Take Down Equipment	Set up and take down equipment. Minimum charge.	1	124.00	124.00

Total	\$2,278.08
Payments/Credits	\$-300.00
Balance Due	\$1,978.08

Phone #	Fax #	E-mail	Web Site
847-437-3838	847-437-3939	ptwaterdamage@aol.com	www.protechwaterdamage.com

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The "Lien Claimant" is the following:

Name: ProTech Water Damage, Inc.
 Contact Person: Diane Ratliff
 Street Address: 2010 Touhy Ave. Suite G
 City, State, Zip: Elk Grove Village, IL 60008

The "Property Owner" is the following:

Name: Ronald Haddad
 Contact Person: _____
 Street Address: 126 Park Ave
 City, State, Zip: River Forest, IL 60305

The "Other Interest Holders" are the following:

STATE OF ILLINOIS)
) SS
 COUNTY OF Cook)

The undersigned Affiant, first being duly sworn upon oath deposes and says that (s)he has authority to sign on behalf of the Lien Claimant; that (s)he has read the foregoing Claim Lien, that (s)he knows the contents thereof, and all the statements therein contained are true.

Date: 1-1-10 Signed: [Signature]
 Name of person signing: _____

Title with Company: Acct. Mgr.
 Name of Company (if different) _____

Subscribed and sworn to before me this date: 1/1/10

[Signature]
 Notary Public

Official Seal
 Janetta R Wright
 Notary Public State of Illinois
 My Commission Expires 07/27/2014

MAIL TO/ PREPARED BY: ProTech Water Damage
 2010 Touhy Ave
 Elk Grove Village, IL 60007