



Doc#: 1116150015 Fee: \$30.00
Eugene "Gene" Mocre RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 06/10/2011 11:09 AM Pg: 1 of 3

Recording requested by: QUALITY HOME
When recorded, mail to: REMODELERS
Name: CAMILLE PAULSON
Address: 9305 KNIGHT
City/State/Zip: DES PLAINES, IL 60016

Space above reserved for use by Recorder's Office
Document prepared by:
Name QUALITY HOME REMODELERS LLC
Address 1876 S. BIRCH ST.
City/State/Zip DES PLAINES, IL 60018

Claim of Lien

State of ILLINOIS
County of COOK

I, QUALITY HOME REMODELERS LLC, being duly sworn, state the following:
In accordance with an agreement to provide labor and/or material, I did furnish the following labor and/or materials: TO FURNISH ALL LABOR & MATERIALS FOR BLACK ALUMINUM SEAMLESS GUTTERS AND DOWNSPOUTS FOR ENTIRE HOUSE. INSTALLED GUTTER GUARDS (COVERS APPLIED GUTTER GUARDS)

on the following described real property located in COOK County, State of ILLINOIS, commonly known as:
9305 KNIGHT
DES PLAINES, IL 60016

and legally described as: SEE EXHIBIT A

which property is owned by MRS. CAMILLE PAULSON, whose address is 9305 KNIGHT DES PLAINES, IL 60016, of a total value of \$ 1950.00, of which there remains unpaid \$ 1950.00, and I further state that I furnished the first of the items on the date of 1-4-11, and the last of the items on

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the date of 5-5-11

I hereby, under the laws of the State of ILLINOIS, claim a lien against the above-described property in the amount of money, stated above, which remains unpaid to me.

Michael Unger
Signature of Person Claiming Lien

MICHAEL UNGER
Name of Person Claiming Lien

Address of person claiming lien:

1876 S. BIRCH ST.
DES PLAINES, IL. 60018

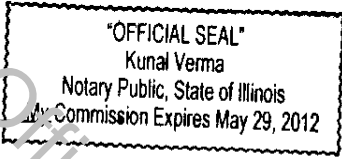
On Michael Unger ^{KV} 05/31/11, Michael Unger came before me personally and, under oath, stated that he/she is the person described in the above document and that he/she signed the above document in my presence.

[Signature]
Notary Signature

Notary Public,

Inland for the County of Cook State of Illinois

My commission expires: May 29, 2012 Seal



CERTIFICATE OF MAILING

I, _____, certify that on this date, _____, I have 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 Person Mailing Claim of Lien

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LOT 6 (EXCEPT THE SOUTH 75.0 FEET THEREOF)
AND THE SOUTH 52.0 FEET OF LOT 7 IN BLOCK 1 IN
BALLARD ACRES, BEING A SUBDIVISION OF THE
WEST $\frac{1}{2}$ OF THE SOUTH WEST $\frac{1}{4}$ OF THE NORTHWEST
 $\frac{1}{4}$ AND THE WEST $\frac{1}{2}$ OF THE NORTHWEST $\frac{1}{4}$ OF
THE SOUTH WEST $\frac{1}{4}$ OF SECTION 14, TOWNSHIP 41
NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL
MERIDIAN, IN COOK COUNTY, ILLINOIS

PIN# 09-14-102-013-0000

9305 KNIGHT AVE

DES PLAINES, IL 60016