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Doc#: 1222147010 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/08/2012 03:22 PM Pg: 1 of 2

Recording requested by: _____

When recorded, mail to: _____

Name: Bertha Smith

Address: 7539 S. Hermitage Ave

City: Chicago

State/Zip: Illinois 60620

Space above reserved for use by Recorder's Office

Document prepared by:

Name Radoslaw Kujarski

Address 3917 W. 41st Ave

City/State/Zip Spring, IL 60408

Claim of Lien

State of Illinois

County of Cook

I, Radoslaw Kujarski, 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:
Completed Siding on a dormer and Siding on the rear of house.

on the following described real property located in Cook County,

State of Illinois, commonly known as:

Lot 12 in block 5 in Englefield being a subdivision in the South East 1/4 of Section 30 Township 38 North Range 14 East of the third principal Meridian in Cook County Illinois.
20-30-409-012

which property is owned by Bertha Smith, whose address is 7539 S. Hermitage Ave,

Chicago, IL 60620, of a total value of \$ 900.00, of which there

remains unpaid \$ 600.00, and I further state that I furnished the first of the items on the date of

5-15-12, and the last of the items on the date of 6-30-12.

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.

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Rados Kljajic

Signature of Person Claiming Lien

Radosaw Kljajic

Name of Person Claiming Lien

Address of person claiming lien:

*3917 W 41st Ave
Gary Indiana 46408*

On *July 8*, *2012* 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.

Shant Crellin

Notary Signature

Notary Public,

In and for the County of *Lake* state of *Indiana*

My commission expires: *11-14-16* 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

Pin #203 040 901 200 00