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Doc#: 1408029059 Fee: \$34.25
RHSP Fee:\$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 03/21/2014 12:31 PM Pg: 1 of 2

(Top 3 inches reserved for recording data)

MECHANIC'S LIEN STATEMENT By Business Entity

Date: 1/31/2014

The undersigned hereby gives notice to the public and states as follows:

- I am acting at the instance of the Claimant, Safe Step Walk-In Tub Company of MN, Inc., a Corporation under the laws of the State of Minnesota as its authorized agent, and have knowledge of the fact stated herein.
- The Claimant hereby gives notice of intention to claim and hold a lien upon the real property in Cook County, Illinois, legally described as follows (the "Property"):

Lot 44 In Davis Square Addition to Chicago, A Subdivision of the East 454 feet of Block 2 and the West 1/2 of Block 1 in W.L. Sampson's Subdivision of the North East 1/4 of the South East 1/4 of Section 6, Township 38 North Range 14 East of the Third Principal Meridian in Cook County, Illinois
PID:20-06-403-045-0000
Common address: 4358 South Hermitage Avenue, Chicago, IL 60609
- The name and mailing address (and license number, if applicable) of the Claimant are as follows:

Safe Step Walk-In Tub Company of MN, Inc.
218 N River Ridge Circle
Burnsville, MN 55337
952-467-6087
- The amount of the lien claimed is Five Thousand Seven Hundred Dollars(\$5,700.00) and is due and owing to the Claimant for labor performed or skill, material, or machinery furnished to the Property (the "Work")
- The Claimant performed or furnished the following: (insert description of work):

Labor and materials for walk-in bathtub install

S yes
P 2
S /
M yes
SC yes
E NO
INT fe

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6. The Work was performed or furnished from 1/11/2014 to 1/11/2016, for or to the following person(s):
(insert name of person authorizing Work):

Maggie & Rogelio DeAnda

7. The name of the present owner of the Property (the "Owner"), according to the best information Claimant now has, is:

Maggie & Rogelio DeAnda

8. The Claimant acknowledges that a copy of this statement must be served personally or by certified mail on the Owner, the authorized agent of the Owner, or the Person who authorized the Work within one hundred twenty (120) days of doing the last Work.

State of Wisconsin, County of St. Croix



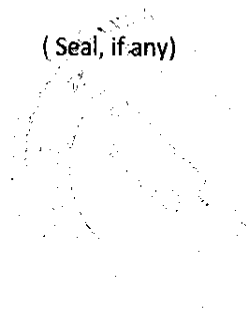
(signature)

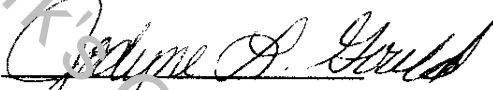
Signed and sworn to before me on 1-31-2016 by Steven Miller

it's authorized agent for Safe Step Walk-In Tub Company of MN, Inc.

(type of authority)

(Seal, if any)





(signature of notarial officer)

Title (and Rank): Relationship Banker

My Commission Expires: 04/29/14

THIS INSTRUMENT WAS DRAFTED BY:

PLS, LLC

PO Box 634

Hudson, WI 54016