## **UNOFFICIAL COPY**



Doc#: 1426057166 Fee: \$32.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 09/17/2014 12:51 PM Pg: 1 of 3

Recording requested by:	
When recorded mail to:	
Name: Judy Smith	Space above reserved for use by Recorder's Office
Address: 1535 Karilworth	Document prepared by:
City: Calume t City	Name Rodosov Kljajic
State/Zip: Illing's 6,0409	Address 3917 W 4137 Ave
Ox	City/State/Zip Gay Indiana 4648
Claim of Lien	
State of Illinois	
County of Cook	
I, Radosay Kligija	, being duly sworn, state the following:
In accordance with an agreement to provide la RLR ROOF ON House Money is awad on	bor and/or material, I did furnish the following labor and/or materials:  2. Job is completed.  Legal Contract
on the following described real property locate	ed in County,
State of Thinois Lot II in Black	A 12 Cold Cocat Second the simon iseng in
Subdivision of and legally described as: North Half of East Quarter Lying West of 36, North, Range 15, East of	The South Haif of the Horth Half and The the South Half of the Fractional South a Line which is in Section 20, Township The Third Principal Medidian, In Cook
which property is owned by Judy S	mith, whose address is 1535
Kenilworth Cal City Illia	whose address is $\frac{1535}{0.5}$ , of a total value of \$ $\frac{5470.06}{0.5}$ , of which there
O	, and I further state that I furnished the first of the items on the date of
	e last of the items on the date of $7 - 6 - 14$ .
I hereby, under the laws of the State of\ property in the amount of money, stated above	

Pin # 30-20 - 409-011-00 TELL COPY

Dalon Allai	
Signature of Person Claiming Lien	
Name of Person Claiming Lien 3917 W 4151 Ave	
Contains	
Address of person claiming lien:	
on September 9th 2014 Androsov Klajic came before me person	ally
and, under oath, stated that he/she is the person described in the above document and that he/she signed the above	æ
document in my presence.	
Day, Washing	
Notary Signature	
Notary Public,	
In and for the County of Cook State of Illinois	
My commission expires: 7-27-2016 Seal	
$4p_{x}$	
CERTIFICATE OF MAILING	
I. , certify that on this date,, I	l ha
mailed a copy of this Claim of Lien by USPS certified mail, return receipt 1007,037ed, in accordance with the law	, to:
Name:	
Address:	
Mame:  Address:  Date:	
Date.	
Signature of Person Mailing Claim of Lien	

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## **EXHIBIT A**

LOT 11 IN BLOCK 4 IN GOLD COAST SECOND ADDITION BEING A SUBDIVISION OF THE SOUTH HALF OF THE NORTH HALF AND THE NORTH HALF OF THE SOUTH HALF OF THE FRACTIONAL SOUTH EAST QUARTER LYING WEST OF A LINE WHICH IS PARALLEL 10 AND 743.2 FEET WEST OF THE ILLINOIS-INDIANA STATE LINE, ALL IN SECTION 20, TOWNSHIP 36 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COCK COUNTY, ILLINOIS. NSh. COUNTY COLINEY COLINEY CORRECTOR