

UNOFFICIAL COPY

The Owner is entitled to credits on account thereof as follows: \$0.00 leaving due, unpaid and owing to the Claimant, after allowing all credits, the sum of \$13,237.49 for which, with interest, the claimant claims a lien on said land and all improvements thereon.

Dated: 1/26/14

Paul Davis Emergency Services

By: [Signature]
Wayne Merlino, President

VERIFICATION

State of Illinois SS.
County of Cook

The affiant, Wayne Merlino, being first duly sworn on oath, deposes and states that s/he is the President of Paul Davis Emergency Services, the claimant; that s/he has been authorized to execute this Original Contractors Claim for Lien; that s/he has read the foregoing Contractors Claim of Lien and knows the contents thereof and that all the statements therein contained are true.

NAME/POSITION: Wayne Merlino, President
STATE OF Illinois |
COUNTY OF Cook | ss.

Subscribed and sworn to before me this 26 day of November, 2014.

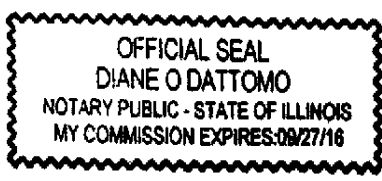
[Signature]

DIANE O. DATTOMO
(Print Name)

NOTARY PUBLIC in the State of IL

residing in PLAZA

Commission Expires: 09/27/16



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Exhibit "A"

EMERGENCY REPAIRS AUTHORIZATION

I, the undersigned property owner or manager hereby authorize Paul Davis Emergency Services of SCHAUMBURG ("Contractor") to make emergency repairs in the form of WATER DAMAGE due to MOLD damage to my property located at (address) 339 S. LEAVITT (city) CHICAGO, (state) IL (zip) 60612 (the "Property").

I acknowledge that I am responsible for the cost of these emergency repairs. I also acknowledge that temporary repairs do not carry any guarantee.

If such repairs are covered under my insurance with TRAVELERS ("my Insurance Company"), then I hereby authorize my Insurance Company to pay Contractor directly for such repairs upon my execution of the Completion Certificate below. I further request that any applicable deductible be withheld from such payment and I will pay such deductible amount directly to the contractor.

I hereby represent and warrant that I have all necessary power and authority to execute this Authorization as a legally binding instrument.

By: Property Owner or Manager: [Signature]
 Print Name: Martin Flynn Date: 7/15/14

By: Paul Davis Emergency Services Representative: [Signature]
 Print Name: JESUS VILLANUEVA Date: 7/15/14

COMPLETION CERTIFICATE

The Contractor has completed the authorized emergency repairs. If applicable I hereby direct my Insurance Company to pay Contractor for such repairs.

General description of work done: _____

Property Owner or Manager: [Signature]
 Print Name: Martin Flynn Date: 8/04/14