



Doc#: 1435347010 Fee: \$42.25  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 12/19/2014 11:13 AM Pg: 1 of 2

Recording requested by: \_\_\_\_\_

When recorded, mail to: \_\_\_\_\_

Name: Rose Palma

Address: 390 Hirsch

City: Calumet City

State/Zip: Illinois 60409

Space above reserved for use by Recorder's Office

Document prepared by:

Name Radosav Kljajic

Address 3917 W 41st Ave

City/State/Zip Gary In 46408

Claim of Lien

State of Illinois

County of Cook

I, Radosav Kljajic, 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:

Home repair work. Job was completed by Corick Const. Co. Money is owed on legal contract.

on the following described real property located in Cook County,

State of Illinois, commonly known as:

Lot 97 in Section Addition to Almar Meadows, A subdivision of part of Lots 4 and 5 in Partition of part of the west 1/2 of and legally described as: Section 14, Township 36 North, Range 14 East of the Third Principal Meridian, in Cook County Illinois

which property is owned by Rose Palma, whose address is 390 Hirsch

Calumet City, Illinois, of a total value of \$ 4900.21, of which there

remains unpaid \$ 1,036.00, and I further state that I furnished the first of the items on the date of

Nov 1 2014, and the last of the items on the date of Nov 3 2014.

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.

Pin # 30-08-103-076-0000

# UNOFFICIAL COPY

Radosav Kljajic  
Signature of Person Claiming Lien

Radosav Kljajic  
Name of Person Claiming Lien

Address of person claiming lien:

3917 W 41<sup>ST</sup> Ave  
Gary Indiana 46408

On December 1<sup>ST</sup> 2014, Radosav Kljajic came before me personally and, under oath, state 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,

In and for the County of \_\_\_\_\_ State of Illinois

My commission expires: 7-27-2016 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