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Doc#: 1603249171 Fee: \$32.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 02/01/2016 02:33 PM Pg: 1 of 2

•	Recording requested by:	GLENDA T	HOMAS	Space above reserved	for use by Recorder's Office	
_				Document prepared b	y:	
	When recorded, mail to: Name: 9/ENDH 11	MAS.CRACLE	TO THE	Name GLENC	OA THOMAS	
	Address: P.O.BL	× 135	A 55100M	$\mathcal{L}_{\mathcal{L}}$	5DK 135	
	Address: P.O. DO. City/State/Zip: MA	VWOOD IL 60		City/State/Zip MA	74000d, 160153	
	City/State/Zip.	0.5		-		
	Claim of L	ien (				
	State of III	inois	0/			
	County of CO	OK				
	GENDA THOMAS being duly sworn, state the following:					
	1,					
			I I A I AVI PS I PSK	BU TI WORDS	I COUNT KOTOUS Y	
	HVAC UNITED GAS	REPAIR OF	SPRINKLE	ER SUSTEMS,	INSPECTION COST AND	
	RATURIST	, , , , , , , ,			<b>'</b>	
	REPORTS.				T.0	
					0.	
	on the following described real property located in County, State of					
	IllNois			200-	th AVE	
	<u> </u>	/		MAUNDANI	1.60153	
LEGAL DESCRIPTION MAYWOOD, 12. 60153						
LOTS 8	LOTS 8 THROUGH 22, BOTH INCLUSIVE, IN BLOCK 38 IN PROVISO LAND ASSOCIATION ADDITION TO MAYWOOD, A SUBDIVISON OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD					
PRINCIPAL MERIDIAN. IN COOK COUNTY, ILLIAVIS,						
The Real Property or its address is commonly known as 35 S. 19TH AVENUE, MAYWOOD, IL 60153. The Real Property tax Identification number is 15-10-119-008-0000, 15-10-119-009-0000, 15-10-119-048-0000, 15-10-119-048-0000, 15-10-119-048-0000, 15-10-119-048-0000, 15-10-119-048-0000, 15-10-119-048-0000, 15-10-119-048-0000.						
13-19-(13-01			N/ <i>//IYE</i> . 7 <i>/</i> )//-	I III I I I W	nose address is	
	C S 19.14	AUE MAYUNMI	16113 30	SWACKER ZIOO	Chicago L of a total value	
	00 125	f-which there re	mains unnaid	\$ 416.000	, and I further state that I	
	of \$ 435,000	2, of which there is	manis unpaid	2014	and the last of the items on	
	furnished the first of	the items on the da	e or		(NOVA LF136 Claim of Lien Pg.1 (07-11)	
				·		

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## UNOFFICIAL COP Bruney 1, 2016. I hereby, under the laws of the State of <u>TLL/NO15</u>, claim a lien against the abovedescribed property in the amount of money, stated above, which remains unpaid to me. CRADLE TO THE CLASSEOM INC. Signature of Person Claiming Lien Address of person claiming lien: P.O. Box 135, MAYWOOD, 12.60153 35 5. 19 HAVE, UNIT #2, MAYWOOD, IL 60153 NOTARY CERTIFICATION FOR CLAIM OF LIEN State of County of 2/1/2016 (date), Stenda Thomas (name of claimant), came before me personally, and duly sworn on oath, and under penalty of perjury, stated that he or she is the claimant described in the above claim of lien and that he or she has read the foregoing claim of lien and has knowledge of and personally knows the foregoing statement of claim of lien which he or she subscribed is true and correct and is not frivolous, nor clearly excessive, and is made with reasonable cause. Subscribed and sworn to before me on the above noted date by the above noted claimant, and proved to me on the basis of satisfactory evidence to be the person who appeared before me. OFFICIAL SEAL VERONE A HAUPTLY Notary Public - State of Illinois Notary Public, In and for the County of \_\_\_\_\_ My Commission Expires Sep 23, 2016 State of My commission expires: CERTIFICATE OF MAILING i navo mailed a , certify that on this date, copy of this Claim of Lien by USPS certified mail, return receipt requested, in accordance with the law, to: Name of Person Mailing Claim of Lien Signature of Person Mailing Claim of Lien