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Doc#: 1606847059 Fee: \$42.25 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 03/08/2016 12:26 PM Pg: 1 of 2

Recording requested by:	Space above reserved for use by Recorder's Office
When recorded, mai ¹ to	Document prepared by:
Name: Kennein SiBIE-/ Address: 304 Uniteristy by	Name KannaTH SIBLEY Address 304 UNIVERSITY AVA City/State/Zip Glanwood III 60477
Address: 304 Jani 121514 bve	Address 304 UNVIZISITAV
City/State/Zip: 6/40400 D III 60425	City/State/Zip 6/27 6000 11 60477
Claim of Lien	
State of Illionis	
County of COOK	
1, Kumete Libles	, being duly sworn, state the following:
In accordance with an agreement to provide labor and/o	or material, I did furnish the following labor and/or
materials. For 6421 5 MARSH	Feld AV- Chiengo III te BASE ment and THE Second
THREE UN. APPRIMENTIN	LE BASE MENT MAR THE SECOND
rnd Huro Wood - 1100R	S.
on the following described real property located in 6	421 MARS Utiel Stave County, State of : CHILAGD 19-215-009-000
and legally described as: Lot 40 in 31 00 Of THE IAST LY OF THE NORTH Which property is owned by angela Madd of \$5,500, of which there remains unpaid furnished the first of the items on the date of 121	Chicago III, of a total value

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the date of $12-2/2015$.
I hereby, under the laws of the State of
Signature of Person Claiming Lien Name of Person Claiming Lien Name of Person Claiming Lien
Address of person claiming lien: 304 University byle Slan 2000 III 60425
NOTARY CERTIFICATION FOR CLAIM OF LIEN
County of COOK On Standard 2016 (date), TEANSTH Sibley (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 ALDEME J. GIBSON-JONES NOTARY PUBLIC, SIATE OF ILLINOIS My Commission Expires Dec 28, 2019 State of Thirdy S My commission expires: 12-28-2019 Sear
CERTIFICATE OF MAILING I, f. mult disting, 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:, Something the first formula in the law, to: Date:, Value of Person Mailing Claim of Lien Name of Person Mailing Claim of Lien