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1917045060

Doc# 1917045060 Fee \$59.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 06/19/2019 01:00 PM PG: 1 OF 5

Recording Requested By and When Recorded Mail To:
 Just Brilliant Restoration
 Attn: Juan Barreto
 1 Westbrook Corporate Center, Suite 300
 Westchester, IL 60154

Space above this line for recorder's use only
 (To be recorded in the county recorder's office
 in the county in which the property is located.)

MECHANICS LIEN

NOTICE IS HEREBY GIVEN that Claimant Just Brilliant Restoration, 1 Westbrook Corporate Center, Suite 300, Westchester, IL 60154, claims a lien for labor, service, equipment, or material under the laws of the State of Illinois, upon the premises hereinafter described, and upon every estate or interest in such structures, improvements and premises held by any party holding any estate therein. The work was furnished for the construction of those certain buildings, improvements, or structures, now upon that certain parcel of land situated in the County of COOK, State of Illinois, said land described as follows:

STREET ADDRESS: 2232 ELM ST., RIVER GROVE, IL 60171
PIN: 1234045000
LEGAL ATTACHED AS EXHIBIT "A"

The lien is claimed for the following labor, service, equipment or material furnished by the Claimant: (describe generally). Claimant is owed \$14534.700000000001 for work furnished to the work of improvement, after deducting all just credits and offsets, plus interest at the legal rate from the date of this lien. The name of the person or company by whom Claimant was employed, or to whom Claimant furnished the work is: Just Brilliant Restoration.

The name(s) and address(es) of the owner(s) or reputed owner(s) of the real property is/are: LISETTE MORENO, 2232 ELM ST., RIVER GROVE, IL 60171.

Name of Claimant: JUAN BARRETO

Date: 6-18-2019

By: Juan Barreto
 Signature
 PROJECT MANAGER

Verification

I, the undersigned, declare: I am the Project Manager, for the Claimant named in the foregoing claim of mechanics lien: I am authorized to make this verification for the Claimant: I have read the foregoing claim of mechanics lien and know the contents thereof, and the same is true of my knowledge. I certify (or declare) under penalty of perjury under the laws of the State of Illinois that the foregoing is true and correct.

Executed on 6-18, 2019 at 1 Corporate Center

Juan Barreto
 Signature of Claimant or Authorized Agent

S N
 P 4
 S _____
 M X
 SC _____
 E X
 INT TS

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PROOF OF SERVICE AFFIDAVIT

Failure to serve the Mechanics Lien and Notice of Mechanics Lien on the owner, or alternatively if the owner cannot be served on the lender or original contractor, shall cause the Mechanics Lien to be unenforceable as a matter of law (Civil Code Section 8416(e)). Service of the Mechanics Lien and Notice of Mechanics Lien must be by (1) registered mail, (2) certified mail, or (3) first-class mail evidenced by a certificate of mailing; postage prepaid, and to a residence or business address for the owner, lender or contractor. Further, a Proof of Service Affidavit (below) must be completed and signed by the person serving the Mechanics Lien and Notice of Mechanics Lien. This page should be completed (either one of the sections below) and recorded with the County Recorder along with the Mechanics Lien and Notice of Mechanics Lien.

AFFIDAVIT FOR SERVICE ON THE OWNER

I, **Juan Barreto**, declare that I served a copy of this Mechanics Lien and Notice of Mechanics Lien by registered mail, certified mail, or first-class mail evidenced by a certificate of mailing, postage prepaid, addressed as follows to the owner(s) or reputed owner(s) of the property:

Company /Person served: LISETTE MORENO.

Title or capacity of person or entity served: OWNER(S)

Service Address: 2232 ELM ST., RIVER GROVE, IL 60171

Said service address is the owner's residence, place of business, or address shown by the building permit on file with the permitting authority for the work or the address identified on the construct trust deed.

Executed on _____, 2019 (date), at _____ (city), _____ (state).

By: _____
(signature of person serving)

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Property Address: 2232 N. Elm Street, River Grove, IL

Property Index Number: 12-34-204-045-0000

Legal Description:

LOT 11 (EXCEPT THE NORTH 1 FOOT THEREOF) IN BLOCK 4 IN N.O. SHIVELY AND COMPANY'S FULLERTON AVENUE PARK ADDITION, BEING A SUBDIVISION EXCEPT THE RAILROAD RIGHT OF WAY SOUTH OF THE INDIAN BOUNDARY LINE, THE EAST 20 ACRES OF THE NORTHWEST FRACTIONAL QUARTER OF THE NORTHEAST FRACTIONAL QUARTER OF SECTION 34, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT REGISTERED AS DOCUMENT NO.445728 IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office



JBR

JUST BRILLIANT RESTORATION
WESTCHESTER, IL

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Unlimited S.T Roofing, Licensed in IL
Residential, Commercial and Industrial
JBR General Contractor.

Project Manager: Juan Barreto Rep. Name: Jose Morales Phone: 843 324-0333

Proposal Submitted to: Lisette Moreno Phone Number: 773 220-3531 Date: 08/18/17
~~312 282 5805~~

Address: 2232 Elm St. City/State: River Grove IL Zip Code: 60171

ROOFING:

Manufacturer: Tamko Heritage 304 House Est. Start Date: ASAP
Style: Architectural Garage
Color: Rustic Redwood Other

Additional Information: _____

SIDING:

Manufacturer: KP Building Products Window Wrap Est. Start Date: ASAP
Style: 4.5 Double D House Wrap
Color: Sandstone Insulation
Additional Information: House & Garage Fascia Color: _____

GUTTERS: _____ **DOWNSPOUTS:** _____

Color: _____ Color: _____ House, Garage on: _____

AWNINGS:

Quantity: _____ Color: _____ N/A Stripe Color: _____ Style: _____

INTERIOR:

Additional Information: N

We propose hereby to furnish material and labor-complete in accordance with the above specifications for the sum of:
Per insurance Scope of Loss replacement cost value on Insurance Loss Sheet plus deductible and upgrades.

Payments to be made as follows: Total Insurance Amount: 14,534.70
Deductible: 1,000
Deposit: _____
Balance: _____
Final: _____
According to insurance proceeds

The first insurance check plus deductible due when picking material colors to order materials and start the work. Balance of the loss due upon completion of the work and receipt of insurance proceeds and supplements. X, _____

Proposal written by Jy Aguilera Date: 08/17

Acceptance of proposal- The above terms and conditions and those contained on the reverse side are satisfactory and are hereby accepted. You are authorized to do the work and will be specified by any insurance company. Payments will be made as outlined above.

Signature X Lisette Moreno Date: 08/18/17

Signature X _____ Date: _____



WESTCHESTER, ILLINOIS

6/26/17 B-D

CLIENT INFO SHEET

17-0675

Date: 6 / 23 / 17

JBR Rep. Name: Jose Morales

Name: Lisette Moreno

Address: 2232 ELM St

D.O.L: 2 / 24 / 17

River Grove IL 60171

Email:

Previous Claim? Yes No

Phone # 312 282 3203 or 773 220 3531

Locked Gate? Yes No

Policy# Haca 34851

Pets? Yes No

Claim # W1-352825

Garage Attached? Yes No

Insurance Comp. Harbyville

Type of Roof: Shingle Flat

How many Stories: 1 2 3 4 5

Roof Slope: Steep Easy Walk

Elevation: Brick

Siding Alum. Vinyl

Roof Damage: Hail Wind How Old 2+

Damage on: Roof Siding Window wraps

Gutter/Downspouts A/C Unit

Interior Damage? Yes No

If yes Where: Attic leak

NOTES:

*** This agreement is subject to the insurance company approval, if its NOT approved then the Homeowner will NOT have to pay anything out of pocket.

JBR & P.A Representative: (Signature)

Homeowner: (Signature)