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Doc# 1919349065 Fee \$45.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 07/12/2019 10:58 AM PG: 1 OF 4

Recording Requested By and When Recorded Mail To:

Just Brilliant Restoration
Attn: Juan Luis Barreto
2215 Enterprise Dr., Suite 1511
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: 2143 N. MULLIGAN AVE., CHICAGO, IL 60639

PIN: 13224280190000

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 \$15278.32 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: JAMES C. MCDONALD, 2143 N. MULLIGAN AVE., CHICAGO, IL 60639.

Name of Claimant: JUAN BARRETO

Date: 7/12/19

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 7/12

, 2019

at 2215 Enterprise, Westchester

Juan Barreto
Signature of Claimant or Authorized Agent

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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: JAMES C. MCDONALD,

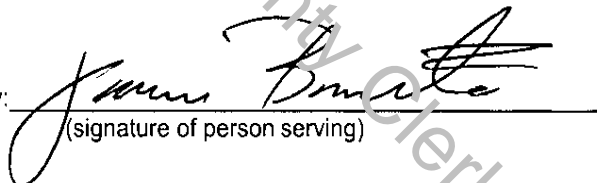
Title or capacity of person or entity served: OWNER(S)

Service Address: 2143 N. MULLIGAN AVE., CHICAGO, IL 60639.

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 7/12, 2019 (date), at Westchester (city), Illinois (state).

By:


(signature of person serving)

County Clerk's Office

UNOFFICIAL COPY

PROPERTY ADDRESS: 2143 N. MULLIGAN AVE., CHICAGO, IL 60639

PIN: 13224280190000

LEGAL DESCRIPTION:

LOT 40 IN BLOCK 21 IN GRAND AVENUE ESTATES, A SUBDIVISION OF THAT PART SOUTH OF WEST GRAND AVENUE OF THE NORTH THREE QUARTERS (3/4) OF WEST HALF (1/2) OF THE NORTHWEST QUARTER (1/4) OF SECTION 32, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, AND THE NORTH 33 (THIRTY-THREE) FEET OF THE SOUTH QUARTER (1/4) OF SAID WEST HALF (1/2) OF NORTHWEST QUARTER (1/4) AND COMMONLY KNOWN AS 2143 NORTH MULLIGAN, CHICAGO, IN THE COUNTY OF COOK, STATE OF ILLINOIS.

Property of Cook County Clerk's Office



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: van Barreto Rep. Name: Douglas Phone: 843-324-0333
 Proposal Submitted to: James C. Macdonald Phone Number: 773-889-9778 Date: 708-800-2987
 Address: 2143 N Mulligan Ave. Chicago, IL 60639 City/State: IL Zip Code: 60639

ROOFING:

Manufacturer: TAMKO House Est. Start Date: ASAP
 Style: Architecture Garage
 Color: Thunderstorm Grey Other _____
 Additional Information: _____

SIDING:

Manufacturer: _____ Window Wrap Est. Start Date: ASAP
 Style: _____ House Wrap Left side
 Color: _____ Insulation wo chkn Right side
 Additional Information: Cutters of Garage 28' Front elevation Fascia Color: _____

GUTTERS:

DOWNSPOUTS:

Color: _____ Color: White All House, Garage or both? _____

AWNINGS:

Quantity: _____ Color: _____ Strip Color: _____ Style: _____

INTERIOR:

Additional Information: 2 Bedroom Interior Damage

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: 15,278.32

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: _____

Deductible: _____
 Deposit: 713,677.65
 Balance: _____
 Final: According to Insurance Proceeds

Proposal written by: [Signature] Date: 11/16/17

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: [Signature] Date: 11/16/17

Signature X: _____ Date: _____