Recording Requested By and When Recorded Mail To:

Just Brilliant Restoration Attn: Juan Luis Barreto 2215 Enterprise Dr., Suite 1511 Westchester, IL 60154 Doc# 1919349066 Fee \$45.00

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

EDWARD M. MODDY

COOK COUNTY RECORDER OF DEEDS

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

Space above this line for recorder's use only

in the county in which the property is located.)

#### **MECHANICS LIEN**

NOTICE IS HEREPY 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 unon 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: 3325 N. KARLOV AVE. CHICAGO IL 60641

PIN: 13224280190000

LEGALATTACHEDASEXHIBIT"A"

The lien is claimed for the following labor, service, equipment or material furnished by the Claimant: (describe generally). Claimant is owed \$30219.290000000001 for week furnished to the work of improvement, afterdeducting 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 Enilliant Restoration.

The name(s) and address(es) of the owner(s) or reputed owner(s) of the real property is/are: AMAYA ARMANDO, 3325 N. KARLOV AVE., CHICAGO IL 60641.

Date: 7/12/19

Name of Claimant: JUAN BARRETO

Signature

PROJECT MANAGER

Verification

I, the undersigned, declare: I am the <u>Project Manager</u>, for the Claimant named in the foregoing claim of mechanics lien: I am authorized o 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 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 //2

, 2019 at 2215 Enterprise, Westchoster

Signature of Claimant or Authorized Agent

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### **UNOFFICIAL COPY**

#### **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 beried 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: AMAYA ARMANDO,

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

Service Address: 3325 N. KARLOV AVE., CHICAGO LUCAGO.

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), 1/1 nois (state).

(signature of person serving)

750 OFFICE

;

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## **UNOFFICIAL COPY**

PROPERTY ADDRESS: 3325 N. KARLOV AVE., CHICAGO IL 60641

PIN: 13224280190000

LEGAL DESCRIPTION:

LOT 49 IN ESDOHR'S SUBDIVISON OF ALL (EXCEPT THE SOUTH 10 ACRES) OF LOT 1 IN COUNTY CLERK'S DIVISION OF THAT PART OF THE SOUTHEAST ¼ OF SECTION 22, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING SOUTH OF MILWAUKEE AVENUE, IN COOK COUNTY, ILLINOIS.

Droperty of Cook County Clerk's Office



# B MOFFICIAL COPY



JUST BRILL ANT RESTORATION
WESTCHESTER, IL
Project Manager: Juan Pour 19

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

Project Manager: Jun Pourle to Rep. Name: Duglas Phone: 843 324 0333
Proposal Submitted to: Phone Number: Date: 1
Amaya Armando 773 474 4897 12/13/17
Address 2ip Code 2ip Code 3325 N. Karlor Are Chicago IL 60.641
ROOFING:
Manufacturer Tanks Heritage 301 X House Est. Start Date: ASAP
Style Architectual Garage
Color Black Walnut Other Other
Additional Information:
Email. the solor for Shingles Laquilar about 4400.00m. am
SIDING:
Manufacturer Window Wrap Est-Start Date: 45
Style House Wrap
Color Insulation
Additional Information: Fascia Color Color
To the control of the
GUTTERS: DOV.NSPOUTS:
Color White G. G. Color White G.G. House, Garage & both?
AWNINGS:
Quantity Color Strip Color Style
INTERIOR:
Additional Information: AHC
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 de luc ible and upgrades. 24.366-92
Payments to be made as follows:  Total Insurance Amount: 17,612.49  Sents of 500. Deductible: 25140.00
The first insurance check plus deductible due when picking material colors Lest out Deposit: 10,59205
to order materials and start the work. Balance of the loss due upon  \$566.  Balance:
completion of the work anti)receipt of insurance proceeds and supplements. XC. G. Final:
Proposal written by d. (Regul low Date: 12/13/17 According to
Acceptance of propusal- The above terms and conditions and those contained on the reverse side are satisfactory and are hereby
accepted. You are authorized to do he work and wil be specified by any insurance company. Payments will be made as outlined above.
Signature X (Asmaredo Camay). Date: 12-13-17
Signature X Date: