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Doc# 1919349068 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: 520 48TH AVE., BELLWOOD, IL 60104

PIN: 1508408063000

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 \$10458.040000000001 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: THADDIS ELLIS, 520 48TH AVE., BELLWOOD, IL 60104.

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: THADDIS ELLIS,

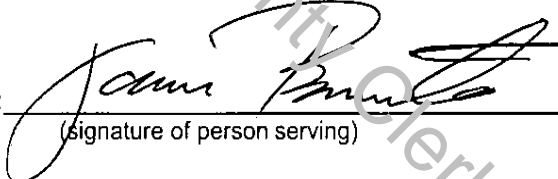
Title or capacity of person or entity served: OWNER(S)

Service Address: 520 48TH AVE., BELLWOOD, IL 60104

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)

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PROPERTY ADDRESS: 520 48TH AVE., BELLWOOD, IL 60104

PIN: 15084080630000

LEGAL DESCRIPTION:

THE SOUTH 7 FEET OF LOT 8 AND LOT 9 (EXCEPT THE SOUTH 1 FOOT THEREOF) IN BLOCK 3 IN HULBERT'S ST. CHARLES ROAD SUBDIVISION FIRST ADDITION, BEING A SUBDIVISION OF THE SOUTHEAST ¼ OF SECTION 8, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, RECORDED OCTOBER 3, 1928 AS DOCUMENT 10185083, IN COOK COUNTY, 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: <u>Jan</u>	Rep. Name: <u>Jose Morales</u>	Phone: <u>843-374-0335</u>
Proposal Submitted to: <u>Thaddis Ellis</u>	Phone Number: <u>708-244-0129</u>	Date: <u>10-04-17</u>
Address: <u>520 48th Ave</u>	City/State: <u>Bellwood IL</u>	Zip Code: <u>60104</u>

ROOFING:

Manufacturer: <u>Tamko</u>	<input checked="" type="checkbox"/> House	Est. Start Date: <u>Asap</u>
Style: <u>Architectural</u>	<input checked="" type="checkbox"/> Garage	
Color: <u>Slate tone Grey</u>	<input type="checkbox"/> Other	
Additional Information: <u>TE</u>		

SIDING:

Manufacturer: _____	<input type="checkbox"/> Window Wrap	Est. Start Date: _____
Style: _____	<input type="checkbox"/> House Wrap	
Color: _____	<input type="checkbox"/> Insulation	
Additional Information: _____	<input type="checkbox"/> Fascia	Color: _____

GUTTERS:	DOWNSPOUTS:
Color: <u>white</u>	Color: <u>white</u>
	House, Garage or both? <u>House</u>

AWNINGS:

Quantity: _____	Color: _____	Stripe Color: _____	Style: _____
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INTERIOR:

Additional Information: _____

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: <u>7958.04</u>
	Deductible: <u>2500.00</u>
	Deposit: <u>5454.04</u>
	Balance: _____
	Final: _____

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 OTE

Proposal written by Jose R Morales Date: 10-04-17

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 <u>Thaddis Ellis</u>	Date: <u>10-4-2017</u>
Signature X <u>Jose R Morales</u>	Date: <u>10-04-17</u>