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Doc#. 1927446054 Fee: \$56.00

Edward M. Moody

Cook County Recorder of Deeds
Date: 10/01/2019 09:04 AM Pg: 1 of 5

Prepared by and Recorded at the request of:

PAUL DAVIS EMERGENCY SERVICES
1700 TODD FARM DRIVE
ELGIN, ILLINOIS 60123
To be returned to:
LIENITNGW.COM
160 SW 12TH AVENUE, SUITE 103A

DEERFIELD BEACH, FL 33442

ORIGINAL CONTRACTOR'S CLAIM FOR LIEN

State of Illinois SS. County of COOK

The Claimant, PAUL DAVIS EMERGENCY SERVICES, 1700 TODD FARM DRIVE, ELGIN, ILLINOIS 60123, hereby files its claim for lien as an Original Contractor against

OWNER:

RICHARD W FEGE, SUSAN FEGE, 922 WILLSON DRIVE, DES L'AINES, IL 60016

if any, (hereinafter, collectively 'Owner'), and any other person claiming an interest in the real estate hereinafter described, by, through or under the Owner and further states:

On 08/09/2018 through 05/31/2019, Owner owned in fee simple title to the certain land described as follows: 922 WILLSON DRIVE, DES PLAINES, including all land and improvements thereon, in the County of COOK, State of Illinois.

Permanent Index Numbers: 08-24-105-016-0000

Common Address: 922 WILLSON DRIVE, DES PLAINES, ILLINOIS 60016

Legal Description: LOT 15 IN BLOCK 4 IN WAYCINDEN PARK, BEING A SUBDIVISION IN THE NORTH ½ OF SECTION 24, TOWNSHIP 41 NORTH, RANGE 11, EAST OF THE

1927446054 Page: 2 of 5

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THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS, ON OCTOBER 10, 1957, AS DOCUMENT NUMBER 1763126 AND RE-REGISTERED DECEMBER 10, 1957, AS DOCUMENT NUMBER 1772965

On 08/09/2018, the claimant made a contract with RICHARD W FEGE, SUSAN FEGE, 922 WILLSON DRIVE, DES PLAINES, IL 60016, to supply materials and labor for:

MITIGATION (See Contract attached hereto).

That at the special instance and request of Owner, the Claimant furnished extra and additional materials at and extra and additional labor on said premises of the value of: \$0.00.

The Contract was entered into by Claimant, and the work performed there under was performed with the knowledge, authorization and consent of the Owner or the Owner knowingly permitted said work to be performed by Claimant.

The Owner is entitled to credits on account the eof as follows: \$0.00 leaving due, unpaid and owing to the Claimant, after allowing all credits, the sum of \$31,827.68 for which, with interest, the claimant claims a lien on said land and all improvements thereon.

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Dated: PAUL DAVIS EMERGENCY SERVICES WAYNE MERUNO, OWNER VERIFICATION WAYNE MERLINO, the OWNER of PAUL DAVIS EMERGENCY SERVICES, being of lawful age and upon being duly upon oath, states and verifies as follows: that he/she has read the foregoing Claim of Lien and understands the contents thereof; that the matters and things contained therein are true and correct to the best of his/her knowledge, information and belief. AXMÉ MERLINO STATE OF Thinois COUNTY OF Lone lloth day of September 2019 before me, the I CERTIFY that on this subscriber, personally appeared WAYNE MERLINO, who, I am satisfied, is the OWNER of the Corporation PAUL DAVIS EMERGENCY SERVICES named herein and who by me duly sworn/affirmed, asserted authority to act on behalf of the Corporation PAUL DAVIS EMERGENCY SERVICES, and who, by virtue of its Bylaws, or Resolution of its Board of Directors executed the within instrument on its behalf, and thereupon acknowledged that claimant signed, sealed and delivered same as claimant's act and deed, for the purposes herein expressed.

an

(Notary Public)

"OFFICIAL SEAL"
CASSANDRA HENWOOD
Notary Public, State of Illinois
My Commission Expires 08/23/2021

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1927446054 Page: 4 of 5

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Customer Name Customer		nd Sue Fahey on Dr.	Email:		Carrier: Country Insurance Claim Number:				
Address		s, IL 60016, USA				Category:			
Phone:	Home:	847-306-7422	Cell:			Class:	Date:	08/9/2018	
i, the undersigned p emergency repairs i	roperty ow n the form	ner and or manager hof: Water Mitigation	ereby authorize Paul	Davis Emergency due to:	Services ("C Fire and or:				
located at:	ii die ioiii,	OI. Water Wildigation	922 Willson Dr. D	es Plaines, IL 60016		smoke dama;	ge to my prop	erty the ("Property")	
	v				,	-		the (Property)	
guarantees and or w	am respon	sible for all of the cos	sts for these emergen	icy repairs. I also a	cknowledge	that emergence	repairs do no	ot carry any	
guarantees and or w	vari anties.						···		
		er my insurance with:			e, ("my Insu	rance Company), then I herel	by authorize	
my insurance compa	any n pay	contractor directly for	such services and or	repairs upon my	execution of	the Completion	Certificate be	low. I further	
nequest that no ded	t all monic	ll be withheld from ares due for this work wi	by such payment as I	will pay any and a	Il deductible	(s) directly to m	y insurance co	mpany. Please	
or storage all outstand	ding a noun	ts due to Paul Davis mus	th no deductions, we st be paid in full prior to	e understand that	IT there is a	pack out or any	Items taken fo	r contents work	
I hereby represent t	hat I have	Il n cessary power ar	nd or authority to exe	cute this Authoriz	ration as a le	gally hinding ins	trument		
· . · .		0				Serie Surveying III	tt differen		
									
Property Owner / N	Manager:		Richard and Sue Fa	ahey		Date:	0	8/9/2018	
		~	Su Tege	RD ==					
		T	* F lease sign	n above in box *					
Paul Davis Emergency	y Services:		C - Jr sus Chave	z	i	Date:	0	8/9/2018	
			gre	Crys					
			* Please sign	above n hux *					
	-		MPLETION						
The Contractor has co	mpleted all	authorized necessary re	pairs and emergency w	огк. I hereby diruc	c my lnsי ברב	e Company to pay	Contractor dir	ectly	
for all repairs. General	Description	of work performed is p	er above.		()				
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Property Owner / N	ranagen.	<u></u>	Richard and Sue Fa			Date:			
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			- Piease sign	above in box *			 /		
		549 S. Vermont Street, F		ES24hr.com		(847) 241-0172		9	

1927446054 Page: 5 of 5

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		AVIS	v	ORK	AUT	HOI	RIZ	ATI	ON
Customer Name	Richard an	nd Sue Fege	Email:	Email:			Carrier: Country Insurance		
Customer	922 Willso				Claim	Number:			
Address		s, IL 60016, USA			(Category:			10/2/2018
Phone:	Home:	847-306-7422	Cell:			Class:		Date:	
I, the undersigned p	roperty ow	ner and or manager h	nereby authorize Paul D					_	
	n the form	of: Fire / Smoke Mitig		due to:	Fire / Smok	e d	lamage t	o my prope	
located at:			922 Willson Dr, Des	Plaines, IL 60016	, USA				the ("Property").
I acknowledge that I	am respon	sible for all of the cos	sts for these emergence	y repairs. I also a	cknowledge	that emer	депсу ге	pairs do no	t carry any
guarantees and or w					<u>~</u>				
								**	*******
		er my insurance with:			e, ("my insu	rance Com	pany"), t	hen i heret	oy authorize
my insurance compa	ny pay c	ontractor directly for	such services and or re	epairs upon my	execution of	the Compl	etion Ce	rtificate be	low. I further
			ny such payment as I w	III pay any and a	II deductible	(s) directly	to my in	surance co	mpany. Please
pay contractor direc	T alt tilt tile	s due for this work wi	itri no deductions.						
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I hereby represent ti	hat I have a	in cessary power ar	nd or authority to exec	ute this Authoriz	ation as a le	eally hindir	og instru	ment	
		<u> </u>	THE D. BULLIOITE, CO CACO	ate this yield on	acion as a ic	Sany Onion	ig iiisti di	ment.	
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Property Owner / N	Aanager:	7 X.	Diebard and Co. Co.			Date			
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			* Flease sign	above in box *				_	
Paul Davis Emergency	/ Services:		M3 - Pc , firi) Rome	го		Date	2 :		
			7	20,		· · · · · · · · · · · · · · · · · · ·			
			* Please sign :	above n b x *					
		CO	MPLETION	CERT!#	CATE				
The Contractor has co	mpleted all	authorized necessary re	pairs and emergency wo	rk. I hereby dir	my Insurance	e Company	to pay Co	ntractor dir	ectly
for all repairs. General	Description	of work performed is p	oer above.						
									
Property Owner / N	lanager:		Richard and Sue Feg	ge		Date	e;	1	0/2/2018
			Sue.	459		4	Ś		
			* Please sign	above in box *	<u></u> _	• •		4.C.	
	6		Palatine, Illinois 60067 -	- Office (224) 333 \$24hr.com		(847) 241-0	172		