Instrument Prepared By
And Recording Requested By
Phillip LAWKINCE
16215 5 SERENITY DIC
PLANFIELD IC 60586
MAIL TO SAME AS ABOVE

STATE OF ILLINOIS

Doc# 2415211016 Fee \$45.00 ILRHSP FEE:\$18.00 RPRF FEE:\$1.00 CEDRIC GILES COOK COUNTY CLERK'S OFFICE DATE: 5/31/2024 1:51 PM

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Space above this line for recorder's use only

## ILLINOIS MECHANIC'S LIEN

COUNTY OF Will		
	0/	
Notice is hereby given that	t this Mechanic's Lien, this "Lien,	" is filed as of
(mm/dd/yyyv	), (the "Effective Date"), by Phillip	Lawrence
(Claimant) located at 16215 S Serer	nity Dr Plainfield II 30535	(Address), with the
license number of	issued on	(mm/dd/vyvy)
and expiring on		
in the sum of \$4,500.00 f	or labor, services, materials, and	l/or equipment furnished for
improvement to certain real prope	The state of the s	
"Owner"), located at 15945 Ashford		
and with the legal description of:		e de la constant de l
NW4NW4 S24 T36N R12E 3P		· · ·
PIN# 27-24-110	-045-0000	
(the "Property").		CO
This Lien is claimed, separately at thereon, and the said real property		ings and improvements
The Claimant and Darlane Kolocki (Expositor of Li contract on 01/26/2024 (1	mda Kolocki Estato) (Owner, General Conf	tractor, etc.) entered into a
labor, services, materials, and/or e Clean out the Property and organize pers	equipment at the Property (the "V	
for the total amount of \$4,500.00	(Contract Price).	

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## **UNOFFICIAL COPY**

The first day of the Work on the Property by the Claimant was  01/27/2024 (mm/dd/yyyy). The last day of the Work on the Property by the Claimant
was 04/02/2024 (mm/dd/yyyy) (the "Completion Date").
As of the Effective Date, the Claimant has: (check one)
Received payment of \$
<u>⊠NOT</u> received any payment.
The Owner has failed to pay the Balance Due despite demands and requests for payment. Accordingly, the Claimant declares that claim amount of \$4,500.00 is justly due to the Claimant.
The Claimant declares that the contents of this Lien are true and correct to the best of their knowledge. Subscribed and sworn to as of the Effective Date.
Claimant Signature: Muly - Ku Date: 5-30-2024
Claimant Printed Name: Phillip Lawrence
NOTARY ACKNOWLEDGMENT
State of County of
The foregoing instrument was acknowledged before me this
Dunter Solome Medice de
Notary Public
My Commission Expires: <u>03/02/28</u>



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## **UNOFFICIAL COPY**

## **PROOF OF SERVICE**

I, Phillip LAW Lewce (the "Server"), served a copy of the Mechanic's Lien in the following manner:
Owner or Purported Owner Name: DARIENE KOLOCKI (the "Recipient")  Address: <u>A5703                                    </u>
The Recipi en received the documents by: (check one)
Mail. The Server sent the documents in the mail via: (check one)
Standard Mail Certified Mail FedEx
UPS Other:
- Direct Service. The Server hanged the documents to a person identified as the Recipient.
- Someone at the Residence/Workspace. The Server handed the documents to a person who identified as living/working at the residence/workspace and stated their name is:
Left at the Residence/Workspace. The Server left the documents in the following area:
- Recipient Rejected Delivery. The Server delivered the documen s to the Recipient in person and the Recipient did not accept delivery.
Other:
declare under penalty of perjury under the laws located in this State that the foregoing is true and correct.
Printed Name: Philly LAWNERCE
Printed Name: Philly ZAWNEACE

eSign