

CAUTION: Consult a lawyer before using or acting under this form. All warranties, including merchantability and fitness, are excluded.

90468158

STATE OF ILLINOIS }
COUNTY OF COOK } SS.

The claimant, GROSSO CORPORATION, of CHICAGO, County of COOK, State of Illinois, hereby files notice and claim for lien against LOCK UP/VMS BENSON AVENUE VENTURE (OWNER), VMS MORTGAGE INVESTORS (MORTGAGEE), ACADEMY BUILDERS A/K/A ABC ACADEMY BUILDING CORPORATION, contractor, of VERNON HILLS, County of LAKE

State of Illinois, and LOCK UP/VMS BENSON AVENUE VENTURE (hereinafter referred to as "owner"), of EVANSTON, County of COOK, State of ILLINOIS, and states:

That on OR ABOUT DECEMBER 15 1988, the owner owned the following described land in the County of COOK, State of Illinois, to-wit: 1727 BENSON, EVANSTON, IL 10-wit: LOTS 15 AND 16 IN NORTHWESTERN UNIVERSITY RESUBDIVISION OF BLOCK 17 IN THE SOUTH EAST 1/4 OF THE NORTH WEST 1/4 OF SECTION 18, TOWNSHIP 41.1 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PERMANENT INDEX NUMBER 11-18-128-004

and ABC ACADEMY BUILDING CORPORATION A/K/A ACADEMY BUILDERS

was owner's contractor for the improvement thereof.

That on OR ABOUT DECEMBER 15, 19 88 said contractor made a subcontract with the claimant to PROVIDE PLUMBING MATERIAL AND LABOR INCLUDING BUT NOT LIMITED TO SEWER AND SPRINKLER

for and in said improvement, and that on DECEMBER 17, 19 89, the claimant completed thereunder DELIVERY OF LABOR AND MATERIALS TO THE VALUE OF \$76,110.13

That at the special instance and request of said contractor the claimant furnished extra and additional materials at and extra and additional labor on said premises of the value of \$ N/A and completed same on N/A 19 89

That said owner, or the agent, architect or superintendent of owner (a) cannot, upon reasonable diligence, be found in said County, or (b) do not reside in said County.

That said contractor is entitled to credits on account thereof as follows: THREE THOUSAND FIVE HUNDRED DOLLARS (\$3,500.00)

leaving due, unpaid and owing to the claimant, after allowing all credits, the sum of SEVENTY TWO THOUSAND SIX HUNDRED TEN AND 13/100THS (\$72,610.13) Dollars, for which, with interest,

the claimant claims a lien on said land and improvements and on the moneys or other considerations due or to become due from the owner under said contract against said contractor and owner.

THIS INSTRUMENT PREPARED BY:
GRANT & SCHENCKER, P.C.
179 WEST WASHINGTON
SUITE 906
CHICAGO, ILL. 60602

GROSSO CORPORATION
(Name of sole ownership, firm or corporation)

By: ALAN T. SCHENCKER, ATTORNEY & AGENT

1 State what the claimant was to do.
2 "All required by said contract to be done."
"delivery of materials to the value of \$ _____ or "labor to the value of \$ _____ etc.
3 If extras fill out, if no extras strike out.
4 Strike out clause (a) or (b).

SERVICE LIST ON REVERSE SIDE

90468158

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1995
Sept 11

90468158

Steven E. Silverman
Shafiq, Sattin and Froelich, Ltd.
144 North Michigan Avenue
Chicago, Illinois 60611

P-352-943-751

Lasalle National Bank and Trust
135 South LaSalle Street
Chicago, Illinois 60603

P-352-943-752

COOK COUNTY RECORDER

49862 E * -90-468158

145555 TRAN 6314-09/26/90 10:57:00

DEPT-02 FILING \$11.25

Chicago's Restaurant
173 Benson Street
Evanston, Illinois 60201

P-352-943-749

Lock Up/VMS Benson Avenue Venture
550 Frontage Road
Suite 388
Northfield, Illinois 60093

P-352-943-749

VMS Mortgage Investors,
a Limited Partnership,
8100 West Bryn Mawr Avenue
Chicago, Illinois 60631

P-352-943-743

Academy Builders s/k/a
ABC Academy Building Corporation
175 East Hawthorn Parkway
Suite 345
Vernon Hills, Illinois 60061

P-352-943-740

SERVICE LIST
Notary Public, State of Illinois
Verna L. Pierce
OFFICIAL SEAL
My Commission Expires 5-22-93

Subscribed and sworn to before me this 28th day of August, 1990

The claimant, Alan P. Schencker, based on information as supplied by claimant, that all the statements therein contained are true, and knows the contents thereof, and

the attorney and agent for

being first duly sworn,

County of Cook

State of Illinois

90468158

Property of Cook County Clerks

P 352 943 751

RECEIPT FOR CERTIFIED MAIL
NO ASSURANCE OR DAMAGE PROTECTED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

PS Form 3800, June 1985 U.S.G.P.O. 1989-234-555

Sent to Steven E. Silverman Street City Saitlin and Proelish 111 North Michigan Avenue P.O. Box 2878 Chicago, Illinois 60611	Postmark or Date TOTAL Postage and Fees \$ 2.00 Return Receipt showing to whom, Date, and Address of Delivery Restricted Delivery Fee Special Delivery Fee Certified Fee Postage
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P 352 943 752

RECEIPT FOR CERTIFIED MAIL
NO ASSURANCE OR DAMAGE PROTECTED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

PS Form 3800, June 1985 U.S.G.P.O. 1989-234-555

Sent to LaSalle National Bank and Trust 335 South LaSalle Street Chicago, Illinois 60603 P.O. Box and Zip Code	Postmark or Date TOTAL Postage and Fees \$ 2.00 Return Receipt showing to whom, Date, and Address of Delivery Restricted Delivery Fee Special Delivery Fee Certified Fee Postage
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P 352 943 744

RECEIPT FOR CERTIFIED MAIL
NO ASSURANCE OR DAMAGE PROTECTED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

PS Form 3800, June 1985 U.S.G.P.O. 1989-234-555

Sent to Lock Up/VHS Benson Sealman Venture 550 Frontage Road Suite 288 Naperville, Illinois 60563	Postmark or Date TOTAL Postage and Fees \$ 2.00 Return Receipt showing to whom, Date, and Address of Delivery Restricted Delivery Fee Special Delivery Fee Certified Fee Postage
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P 352 943 745

RECEIPT FOR CERTIFIED MAIL
NO ASSURANCE OR DAMAGE PROTECTED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

PS Form 3800, June 1985 U.S.G.P.O. 1989-234-555

Sent to Chicago's Restaurant Ferguson Street Danmeyer, Illinois 60201 P.O. Box and Zip Code	Postmark or Date TOTAL Postage and Fees \$ 2.00 Return Receipt showing to whom, Date, and Address of Delivery Restricted Delivery Fee Special Delivery Fee Certified Fee Postage
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P 352 943 742

RECEIPT FOR CERTIFIED MAIL
NO ASSURANCE OR DAMAGE PROTECTED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

PS Form 3800, June 1985 U.S.G.P.O. 1989-234-555

Sent to Academy Builders a/k/a SACB Academy Building Corpore 75 East Hawthorn Parkway Suite 204 Naperville, Illinois 60563	Postmark or Date TOTAL Postage and Fees \$ 2.00 Return Receipt showing to whom, Date, and Address of Delivery Restricted Delivery Fee Special Delivery Fee Certified Fee Postage
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P 352 943 743

RECEIPT FOR CERTIFIED MAIL
NO ASSURANCE OR DAMAGE PROTECTED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

PS Form 3800, June 1985 U.S.G.P.O. 1989-234-555

Sent to VMS Mortgage Investors, SBC Affiliated Partnership 2700 West Parkway Chicago, Illinois 60631	Postmark or Date TOTAL Postage and Fees \$ 2.00 Return Receipt showing to whom, Date, and Address of Delivery Restricted Delivery Fee Special Delivery Fee Certified Fee Postage
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Property of Cook County Clerk's Office

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SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

<p>3. Article Addressed to:</p> <p>Lock Up/VMS Benson Avenue Venture 550 Frontage Road Suite 388 Northfield, Illinois 60093</p>	<p>4. Article Number</p> <p>P-352-943-744</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>5. Signature - Addressee</p> <p>X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature - Agent</p> <p>X <i>Rene Hampton</i></p>	
<p>7. Date of Delivery</p> <p>9-13-90</p>	

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

<p>3. Article Addressed to:</p> <p>VMS Mortgage Investors, a Limited Partnership 8700 West Bryn Mawr Avenue Chicago, Illinois 60631</p>	<p>4. Article Number</p> <p>P-352-943-743</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>5. Signature - Addressee</p> <p>X <i>John J. [Signature]</i></p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p> <p>Rec'd 9/17/90 -CH</p>
<p>6. Signature - Agent</p> <p>X</p>	
<p>7. Date of Delivery</p> <p>9/14/90</p>	

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

<p>3. Article Addressed to:</p> <p>Steven E. Silverman Shelsky, Saitlin and Froelich, Ltd. 444 North Michigan Avenue Chicago, Illinois 60611</p>	<p>4. Article Number</p> <p>P-352-943-751</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>5. Signature - Addressee</p> <p>X <i>J. Crasby</i></p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p> <p>Rec'd 9/14/90 vcr</p>
<p>6. Signature - Agent</p> <p>X</p>	
<p>7. Date of Delivery</p> <p>9-13-90</p>	

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

Office 90468158



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Property of Cook County Clerk's Office

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Chicago's Restaurant 1723 Benson Street Evanston, Illinois 60201	4. Article Number P-352-943-745 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED .
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid) <i>Chicago's Restaurant 1723 Benson St Evanston, IL</i>
6. Signature - Agent X <i>Alvord</i>	
7. Date of Delivery <i>9-15-90</i>	

PS Form 3811, Apr. 1989 **DOMESTIC RETURN RECEIPT**

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to: LaSalle National Bank and Trust 135 South LaSalle Street Chicago, Illinois 60603	4. Article Number P-352-943-752 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED .
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid) <i>LaSalle National Bank 135 South LaSalle St Chicago, IL</i>
6. Signature - Agent X <i>Trabert</i>	
7. Date of Delivery SEP 17 1990	

PS Form 3811, Apr. 1989 **DOMESTIC RETURN RECEIPT**

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Academy Builders, a/k/a ABC Academy Building Corporation 175 East Hawthorn Parkway Suite 345 Vernon Hills, IL 60061	4. Article Number P-352-943-742 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED .
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid) <i>Academy Builders 175 East Hawthorn Parkway Suite 345 Vernon Hills, IL</i>
6. Signature - Agent X	
7. Date of Delivery	

PS Form 3811, Apr. 1989 U.S.D.P.O. 1989-230-070 **DOMESTIC RETURN RECEIPT**

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

90468158

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County Clerk's Office

RETURN TO SENDER
MOVED, LEFT NO ADDRESS

