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96927285

Prepared by and return to:

Michael R. Phillips, Esq.
Ross & Hardies
150 North Michigan Avenue
Suite 2500
Chicago, Illinois 60601-7567

DEPT-01 RECORDING \$25.50
T#2222 TRAN 9635 12/06/96 16:15:00
#3033 + KB * -96-927285
COOK COUNTY RECORDER

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

NOTICE AND DEMAND TO COMMENCE SUIT

TO: Krzysztof Zalewski
c/o Lauren Penson, Esq.
3257 North Sheffield Avenue
Suite 107
Chicago, Illinois 60657

You are hereby notified and demand is made upon you, pursuant to 770 ILCS 60/34, to commence suit, within thirty (30) days of the date of the service of this notice and demand, to enforce your alleged claim for lien against the premises legally described as:

Lot 205 in William Deering's Diversey Avenue Subdivision in the Southwest 1/4 of the Northwest 1/4 of Section 30, Township 40 North, Range 14 East of the Third Principal Meridian, in Cook County, Illinois

P.I.N.: 14-30-220-30-0000

and commonly known as 1940 West Wolfram Street, Chicago, Illinois, said claim having heretofore been filed in the Office of the Recorder of Deeds of Cook County, Illinois on September 12, 1996, as document no. 96692728, or the lien shall be forfeited, pursuant to aforesaid statute.

Dated: October 16, 1996.

By: Michael Phillips

One of the Attorneys for the
Beneficial Owners of Said
Property, Steven D. Schragger and
Paul Breytman

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CERTIFICATE OF SERVICE

Michael R. Phillips, having been duly sworn upon oath, hereby deposes and states that he caused a copy of the foregoing Notice and Demand to Commence Suit to be served upon the following persons:

Krzysztof Zalewski
c/o Lauren Penson, Esq.
3257 North Sheffield Avenue
Suite 107
Chicago, Illinois 60657

on this 16th day of October 1996 by depositing the same in the U.S. mail at 150 North Michigan Avenue, Chicago, Illinois before 5:00 p.m., certified mail, return receipt requested.



Michael R. Phillips

SUBSCRIBED AND SWORN
before me this 16th day
of October, 1996



NOTARY PUBLIC

"OFFICIAL SEAL"
ELVA M. KELSO
Notary Public, State of Illinois
My Commission Expires 11/23/99

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SENDER: <ul style="list-style-type: none">• Complete items 1 and/or 2 for additional services.• Complete items 3, and 4a & b.• Print your name and address on the reverse of this form so that we can return this card to you.• Attach this form to the front of the mailpiece, or on the back if space does not permit.• Write "Return Receipt Requested" on the mailpiece below the article number.• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.		I also wish to receive the following services (for an extra fee): <input type="checkbox"/> Addressee's Address <input checked="" type="checkbox"/> Restricted Delivery *Consult postmaster for fee.	
Article Addressed to: Lauren Penon, Esq. 3257 North Sheffield Avenue Chicago, IL 60657 (EFC)		4a. Article Number P 912 102 976	
5. Signature (Addressee) <i>Lauren Penon</i>		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
6. Signature (Agent)		7. Date of Delivery 10/17/96	
PS Form 3811, December 1991		B. Addressee's Address (ONLY if requested and fee paid.)	
		DOMESTIC RETURN RECEIPT	

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PROVIDED BY COUNTY CLERK'S OFFICE

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