

20220805000305510
08/05/2022 09:18:27 AM
MECHLIEN 1/4

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9450 SW Gemini Dr #7790
Beaverton, Oregon 97008-7105

Please Return To:
Elevated Roofing LLC c/o Mail Center
9450 SW Gemini Dr #7790
Beaverton, Oregon 97008-7105
Signed by Authorized Agent: Michael Mann
9356099

SPACE ABOVE FOR RECORDER'S USE
STATEMENT OF MECHANICS LIEN

STATE OF ALABAMA
COUNTY OF Shelby County

Claimant:

Elevated Roofing LLC
PO Box 282
Trussville, Alabama 35173
Telephone: (205) 848-7663

The party who hired the Claimant to perform the
Services at the Property is ("**Hiring Party**"):

Lundy, Gregory & INABINETTE, YOLANDA
210 Ashville Cir
Montevallo, AL 35115

Property Owner:

Lundy, Gregory & INABINETTE, YOLANDA
210 Ashville Cir
Montevallo, AL 35115

IMPORTANT INFORMATION ON THE FOLLOWING PAGES

Services, labor, materials, equipment and/or work provided by the Lienor ("**Services**"):

Insurance Claim

Property to be Liened: (the "**Property**"):

210 Ashville Circle

Montevallo, Alabama 35115

County: Shelby County

LOT 29 / MAP BOOK 3 / PAGE 128 / HUBBARD & GIVHAN'S SUBDIVISION; Lot No. 29, Hubbard and Givhan's Subdivision of the NW 1/4 of the NE 1/4 of Section 21, Township 22 South, Range 3 West, according to the map as recorded in Map Book 3, Page 128, in the Probate Office of Shelby County, Alabama.

AMOUNT OF CLAIM: \$2,711.14

The **CLAIMANT** files this Statement in writing, verified by the oath of its disclosed agent, Levelset, who has been informed of the facts herein stated, and who believes, upon such information, that the facts set forth in this statement are true in correct; specifically that:

The **CLAIMANT** furnished the labor and/or materials above-described and identified as the **SERVICES** to the above-identified **PROPERTY**, where they were used in the construction of an improvement and/or structure thereupon, and claims a lien upon the above-identified **PROPERTY**. This lien is claimed, separately and severally, as to both the buildings and improvements thereon, and the said land;

The said lien is claimed to secure an indebtedness of \$2,711.14. This **AMOUNT OF CLAIM** is true and correct, and is now due and owing to the **CLAIMANT** after allowing all credits, payments and offsets. The name of the owner or proprietor of the said property is above-identified as the **PROPERTY OWNER**.

IMPORTANT INFORMATION ON THE FOLLOWING PAGE

The **CLAIMANT** files this Statement in writing, verified by the oath of its disclosed agent, Levelset, who has been informed of the facts herein stated, and who believes, upon such information, that the facts set forth in this statement are true in correct; specifically that:

The **CLAIMANT** furnished the labor and/or materials above-described and identified as the **SERVICES** to the above-identified **PROPERTY**, where they were used in the construction of an improvement and/or structure thereupon, and claims a lien upon the above-identified **PROPERTY**. This lien is claimed, separately and severally, as to both the buildings and improvements thereon, and the said land;

The said lien is claimed to secure an indebtedness of \$2,711.14. This **AMOUNT OF CLAIM** is true and correct, and is now due and owing to the **CLAIMANT** after allowing all credits, payments and offsets. The name of the owner or proprietor of the said property is above-identified as the **PROPERTY OWNER**.

Signature of Claimant, and Verification

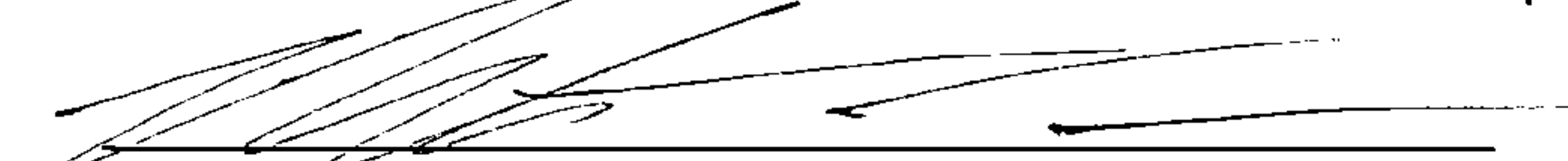
State of Louisiana
County of Orleans

I, Michael Mann, the undersigned, being of lawful age and being first duly sworn upon oath, do state that I am the authorized, limited and disclosed agent of the Claimant named herein, appointed for the purposes of filing this Notice of Claim of Lien, and that I have read the foregoing Notice of Claim of Lien, know the contents thereof, and as an agent appointed by the Claimant to sign the instrument I have been provided and thereby have knowledge of the facts, and certify that based thereupon, upon my information and belief the foregoing is true and correct, and that I believe them to be true.



Claimant, Elevated Roofing LLC
Signed by Authorized and Disclosed Agent
Print Name: Michael Mann
Dated: August 05, 2022

Sworn to and subscribed before me, undersigned Notary Public in and for the above listed State and County/Parish, on this August 05, 2022, by Michael Mann, who is known to me, or satisfactorily proved to me, to be the person whose name is subscribed to this document, and who acknowledged that he/she executed this document in the capacity indicated for the principal named.


Notary Public



County/Parish of: Orleans



Filed and Recorded
 Official Public Records
 Judge of Probate, Shelby County Alabama, County
 Clerk
 Shelby County, AL
 08/05/2022 09:18:27 AM
 \$31.00 JOANN
 20220805000305510

Allen S. Boyd Exhibit A

ELEVATED ROOFING, LLC

2637 Queenstown Road, Suite C
 Birmingham, AL 35210
 (205) 577 2144

Name Greg Lundy
 Address 210 Ashville Circle
 City Montevallo
 State AL
 Cell Phone [REDACTED]
 Home Phone _____
 Work Phone _____

Date 1/14/22
 E-mail Address _____
 Insurance Company Travelers
 Policy Number _____
 Claim Number IQV9300
 Adjustor Name _____
 Adjustor Phone [REDACTED]

NOTES: Traveler's Roof Claim with ALL-PRO (tarped)

TERMS: Elevated Roofing, LLC, hereinafter referred to as The Contractor, will invest it's time and expertise in performing a damage inspection of the structure and will assist the Customer with the insurance claim process. It is understood and agreed that The Contractor will act as a duly appointed agent on the behalf of the Customer, in discussions with the insurance company. This agreement is contingent upon the insurance company paying for repairs and will be **VOID** if the insurance company disallows the claim.

Upon approval of the claim by the insurance company and approval of final pricing by The Contractor, The Contractor agrees to perform the work as specified on the insurance scope of work. The Customer's out-of-pocket expense will not exceed the deductible amount of their insurance policy unless upgrades are added at their request, or if additional repairs are necessary due to existing construction deficiencies that manifest during installation. Roof decking will be charged at a rate of \$ 100 per 4' x 8' sheet.

ACCEPTANCE: The above specifications are satisfactory and are hereby accepted. The Contractor is authorized to perform work as specified. THE TOTAL AMOUNT OF THIS AGREEMENT SHALL BE THE REPLACEMENT COST VALUE ASSIGNED TO THE CLAIM BY THE CUSTOMER'S INSURANCE COMPANY, PLUS ANY UPGRADES AND CONSTRUCTION REPAIRS REQUESTED BY THE CUSTOMER. PAYMENT WILL BE MADE AS OUTLINED ABOVE. THE CUSTOMER IS RESPONSIBLE FOR ALL PAYMENTS UNDER THIS AGREEMENT.

CONTRACTOR: Customer acknowledges Elevated Roofing, LLC is a licensed general contractor and as such will be entitled to overhead and profit if allowed by the insurance company, per insurance standards.

LIMITED WARRANTY: FIVE YEAR craftsmanship warranty on full replacement contracts effective from the date of installation, once PAID IN FULL.

By signing below, the Customer accepts all Terms and Conditions on the reverse side of this agreement and understands that such Terms and Conditions are binding on both parties.

You, the customer may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction.

[Signature] 1/14/22
 Claims Specialist Date

[Signature] 1/14/22
 Customer Date