

1 Professional Center Ste. 315
Crown Point, IN 46307
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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IN THE LAKE SUPERIOR COURT
ROOM NUMBER TWO, SITTING IN ←
EAST CHICAGO, INDIANA

IN RE THE MARRIAGE OF)
))
MARYELLEN C. KRONCKE,)
f/k/a MARYELLEN C. ALB,)
 Petitioner,))
 -and-))
DONALD G. ALB,))
 Respondent.)

CAUSE NO. 45DO2-9109-DR-979
HON. RICHARD W. MAROC
SPECIAL JUDGE

95052751

AFFIDAVIT OF SERVICE

Comes now P. Jeffrey Schlesinger, after first being duly sworn upon his oath, and alleges and says that:

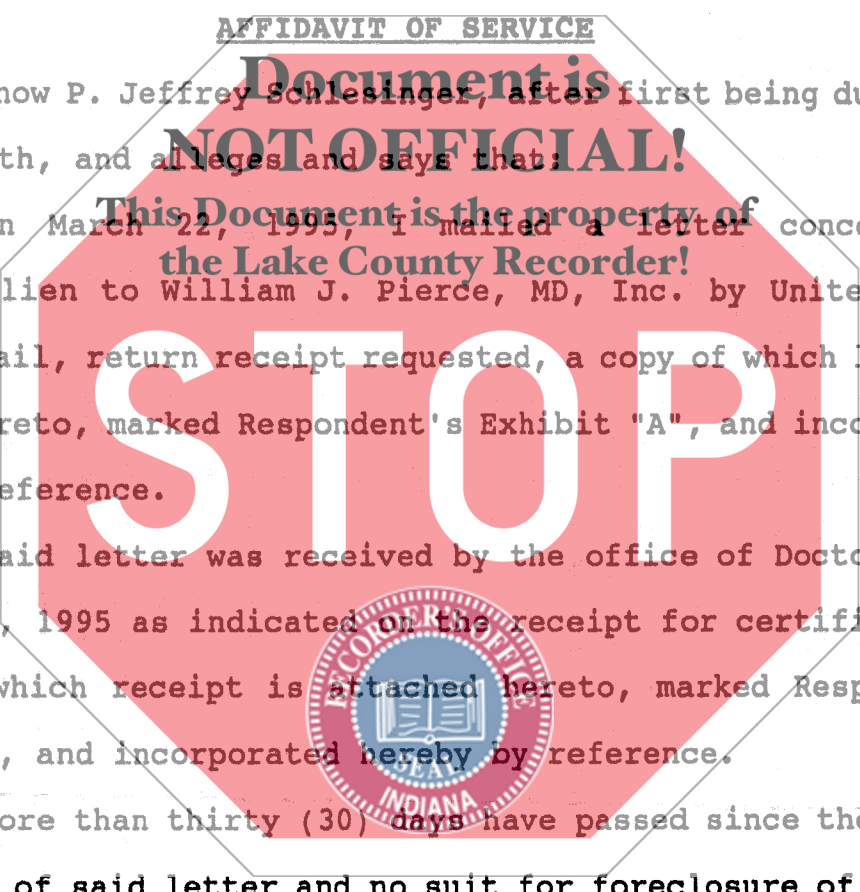
1. On March 22, 1995, I mailed a letter concerning a mechanics' lien to William J. Pierce, MD, Inc. by United States certified mail, return receipt requested, a copy of which letter is attached hereto, marked Respondent's Exhibit "A", and incorporated herein by reference.

2. Said letter was received by the office of Doctor Pierce on March 23, 1995 as indicated on the receipt for certified mail, a copy of which receipt is attached hereto, marked Respondent's Exhibit "B", and incorporated hereby by reference.

3. More than thirty (30) days have passed since the date of the receipt of said letter and no suit for foreclosure of the lien is pending nor has an unsatisfied judgment been rendered on said lien.

Dated this 5th day of September, 1995.

P. Jeffrey Schlesinger
P. JEFFREY SCHLESINGER



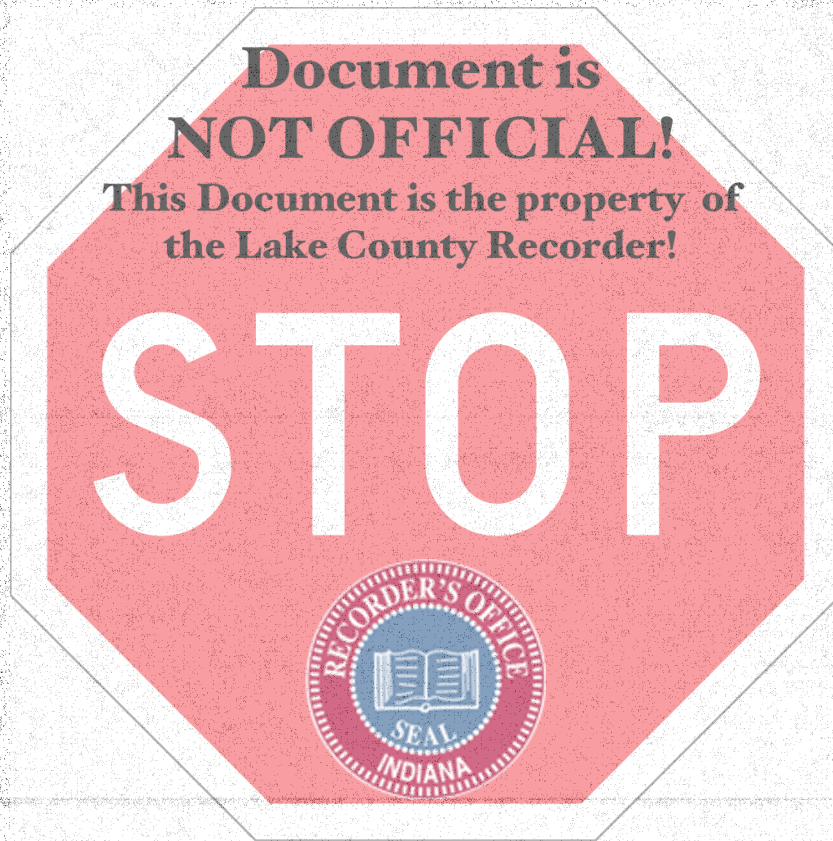
95 SEP -7 PM 3:21
AFFIDAVIT
RECORDED

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

1500

I affirm, under the penalties for perjury, that the foregoing representations are true.


P. JEFFREY SCHLESINGER



March 22, 1995

CERTIFIED MAIL--
Return Receipt Requested

William J. Pierce, MD, Inc.
8683 Connecticut Street
Building 4, Suite A
Merrillville, IN 46410

Re: **Mechanics Lien on Property**
Located at 1617 Hartley Drive
Schererville, Indiana
Recorded September 29, 1994 as
Document No. 94067764
Donald G. Alb and Maryellen C. Kroncke

Dear Sir:

I am writing on behalf of one of the owners of the property upon which your mechanics' lien was taken, Donald Alb. You are notified pursuant to Indiana Code 32-8-3-10 to commence suit within thirty (30) days; if you fail to do so, your lien will be null and void.

Sincerely,

GASTEVICVH, PETE & SCHLESINGER

P. Jeffrey Schlesinger
Attorney at Law

PJS:sbe

RESPONDENT'S
EXHIBIT

"A"

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- 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 will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 William J. Pierce, MD, Inc.
 3683 Connecticut Street
 Building 4, Suite A
 Merrillville, IN 46410

4a. Article Number
 Z 159 064 700

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
 2-3/95

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

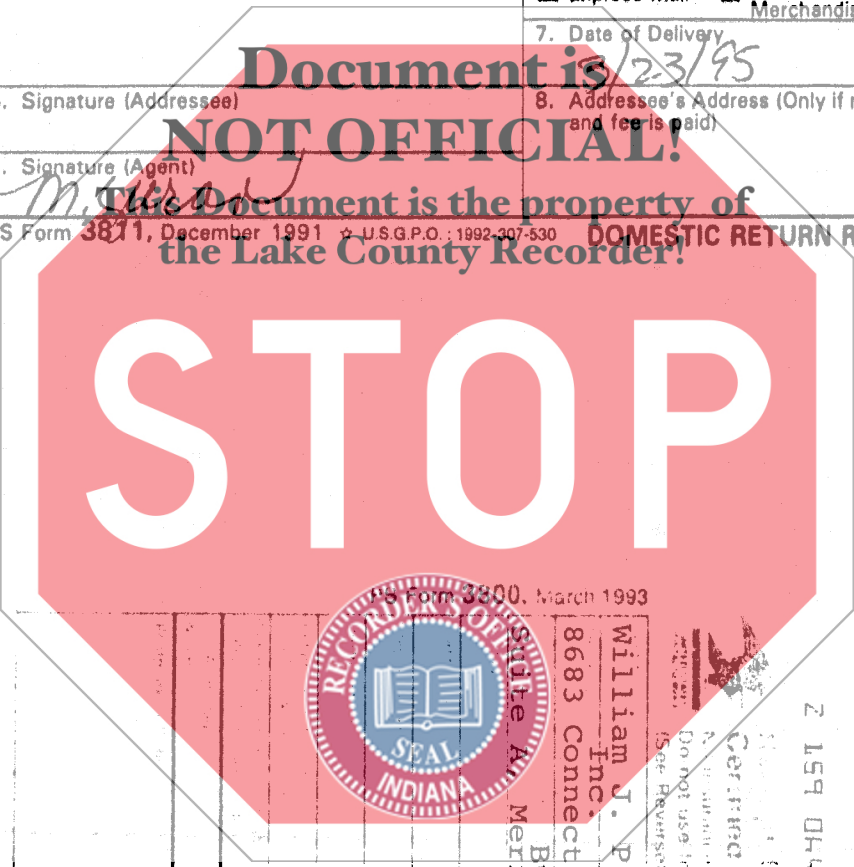
6. Signature (Agent)

M. T. De...

PS Form 3871, December 1991 U.S.G.P.O.: 1992-307-530

DOMESTIC RETURN RECEIPT

Document is NOT OFFICIAL!
 This Document is the property of
 the Lake County Recorder!



William J. Pierce, MD, Inc.
 8683 Connecticut Street
 Building 4,
 Merrillville, IN
 46410

Certified Mail
 Do not use for international mail (See Reverse)

Z 159 064 700

RESPONDENT'S EXHIBIT
 "B"

Thank you for using Return Receipt Service.