

**SWORN STATEMENT AND NOTICE OF INTENTION TO HOLD MECHANIC'S LIEN**

Lien Claimant's Return Address: KROPP EQUIPMENT INC _____ (name) 1020 S. KENNEDY AVE _____ (address—no. and street) SCHERERVILLE IN. 46375 _____ (address—city, state, zip)	(This space for filing/recording data)
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2010 058554

**MECHANIC'S LIEN**

<b>Owner / Reputed Owner with Address:</b> ST. MARY MEDICAL CENTER CAMPUS CQ 901 MAC ARTHUR STE 606 BLVD MUNSTER INDIANA 46321	<b>Lien Claimant and Address:</b> KROPP EQUIPMENT INC 1020 S KENNEDY AVE SCHERERVILLE, IN 46375
<b>Property Subject to the Lien:</b> ST. MARY MEDICAL CENTER 1500 S LAKE PARK AVE HOBART, INDIANA 46342  ___ Legal Description attached.	<b>Name of Project:</b> ST. MARY MEDICAL  <b>Person/Entity with whom claimant contracted:</b> KERRCON INC

2010 OCT - 8 AM 11: 21  
 MICHIGAN RECORDS  
 STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORD

**NOTICE IS HEREBY GIVEN**, that the lien claimant intends to hold a Mechanic's Lien on the above described real estate, together with improvements and leasehold interests, for the amount below stated.

1. A general description of the labor, materials, services, and/or equipment furnished is:  
 RENTAL EQUIPMENT 20FT SCISSOR LIFT

2. Amount Owing: As of the date below, the sum of \$ 2091.25, itemized

<b>Total Owed/Billed on Base Contract for Entire Job</b> .....	\$2091.25
<b>All Extras</b> .....	\$ 0
<b>Less All Payments (Invoices attached—Optional)</b> .....	\$ 0

In addition, the costs for filing/recording this lien and attorney's fees and court costs according to proof. Further, and assuming allowed by State law, the following is requested (circle one): (a) interest at the legal rate from and after the due date or (b) finance charges at

10 % per month from the due date. This amount is for labor, material, and services last furnished to the project within (circle one): ( 60 days or (90 days of the date of recording this lien.

3. The approximate date claimant's work commenced was 05/03/10  
 The last day labor, materials, and equipment were furnished by claimant was 6/22/10

4. The name and address of the general contractor is: WALSH CONSTRUCTION  
2749 N STATE ROAD LA PORTE INDIANA 46350

\$24  
CS  
CA

The undersigned, having been duly sworn upon his oath, under the penalties of perjury, hereby states that lien claimant intends to hold a mechanic's lien upon the above project and that the facts set forth in this Sworn Statement are true and correct.

Dated: 10/5/10

[Signature]  
(Signature and Title of Lien Claimant)

**NOTARY**

STATE OF INDIANA

COUNTY OF Yake )SS

Before me, a Notary Public, personally appeared (name and title):  
KURT KROPP VICE PRESIDENT

of the Claimant, and acting for and on its behalf, and he/she being first duly sworn by me upon his/her oath and before me and subscribed in my presence, acknowledged the execution of the foregoing Notice to Owner of Personal Liability, and further stated that the facts and matters therein set forth are true and correct, and executed the same.

Witness my hand and Notarial Seal on this date: 10-5-10

[Signature]  
Notary Public, Signature

MICHELLE A NICHOLS BROAD  
Printed Name

My Commission Expires: 12-29-10

My County of Residence: Yaporta

**NOTICE OF INTENTION TO FILE A MECHANIC'S LIEN (Sub or Supplier)**  
 (This is not a Mechanic's Lien, nor a reflection on the credit of any contractor)

Via Certified Mail

<b>TO OWNER:</b> <u>St. Mary Medical Center Campus Community</u> (name(s)) <u>901 Mac Arthur Ste 606 Blvd</u> (address--no. and street) <u>Munster In 46321</u> (address--city, state, zip)	<b>TO GENERAL CONTRACTOR:</b> <u>Kerrcon INC</u> (name(s)) <u>1865 Willowcreek Rd</u> (address--no. and street) <u>Portage, In 46368</u> (address--city, state, zip)
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<b>FROM LIEN CLAIMANT:</b> <u>Kropp Equipment INC</u> (individual/company name) <u>1020 S Kennedy Ave</u> (address--no. and street) <u>Schererville, IN 46375</u> (address--city, state, zip) <u>219-865-3585 219-865-3333</u> (fax/phone)	<b>CLAIMANT HAS A CONTRACT WITH:</b> <u>Kerrcon INC</u> (name(s)) <u>1865 Willowcreek Rd</u> (address--no. and street) <u>Portage, IN 46375</u> (address--city, state, zip)
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MICHELLE M. BARKMAN  
RECORDER

2010 AUG 20 AM 10:49

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

Please take notice that the undersigned lien claimant intends to file a Mechanic's Lien against the owner's property if payment is not made for moneys owed as follows:


**PROJECT NAME:**  
St. Mary Medical Center INC.

**PROPERTY SUBJECT TO THE LIEN (common street address or other description):**  
1500 S Lake Park Ave Hobart, IN 46342 See ATTACHED Legal Description

**(1) General description of construction services furnished by Lien Claimant:**  
Rental Equipment 20ft Scissor Lift

**(2) Amount due:** Through 6/22/10 (date) is \$ 2091.25 after just credits (total performed, with extras of \$ \_\_\_\_\_, less payments of \$ \_\_\_\_\_). Unpaid invoice(s) attached. Attorney's fees and court costs will also be requested.

The above-described work was provided to the property, at the instance of the general contractor, by the Claimant. If payment is not made within ten days (10) of receipt of this demand, Claimant intends to file a Mechanic's Lien, without further notice. If you have any questions or wish to make payment arrangements, please call immediately to discuss.

Dated: \_\_\_\_\_  
  
 (Signature and Title)

NOTARY

STATE OF INDIANA

COUNTY OF Lake )SS

Before me, a Notary Public, personally appeared (name and title):  
KURT KROPP VICE PRESIDENT

of the Claimant, and acting for and on its behalf, and he/she being first duly sworn by me upon his/her oath and before me and subscribed in my presence, acknowledged the execution of the foregoing Notice to Owner of Personal Liability, and further stated that the facts and matters therein set forth are true and correct, and executed the same.

Witness my hand and Notarial Seal on this date: 8-18-10

Michelle Nichols Broad  
Notary Public, Signature

MICHELLE A. NICHOLS BROAD  
Printed Name

My Commission Expires: 12-29-10

My County of Residence: Laporte

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MORNING

**SWORN STATEMENT AND  
NOTICE OF INTENTION TO HOLD MECHANIC'S LIEN**

July 23, 2003

TO: Mary Medical Center  
1500 S. Lake Park Ave.  
Hobart, IN 46342

St. Mary Medical Center - Independent Facility  
1500 S. Lake Park Ave.  
Hobart, IN 46342

You are hereby notified that Scott Springfield, Mfg., Inc. (hereinafter called "Claimant") whose address is 2234 Portland St. S.E., Calgary AB, Canada T2G 4M6, intends to hold a Mechanic's Lien on the following described real estate located in Lake County, Indiana:

St. Mary Medical Center Campus Lot 1  
Except Part in Road  
Section 6 Township 35 Range 7 37.294 Acres  
Parcel Number: 27-18-0387-0001

commonly known as 1500 S. Lake Park Ave., Hobart, IN 46342, and improvements thereon, for the amount of Eighteen Thousand Six Hundred Eighty-six and 80/100 Dollars (\$18,686.80) for materials and/or labor furnished by Claimant for improvements of said real estate within the last ninety (90) days.

The undersigned individual executing this instrument, having been duly sworn upon his oath, under the penalties of perjury hereby states that Claimant intends to hold a mechanic's lien upon the above-described real estate and the improvements thereon, and that the facts and matters set forth in the foregoing statement are true and correct.

The undersigned is executing this Mechanic's Lien on behalf of the Claimant pursuant to Indiana Code 32-28-3-3 and the statements contained herein are true and correct to the best of his knowledge and belief.

I affirm under the penalties of perjury that the foregoing representations of fact are true.

SCOTT SPRINGFIELD MFG., INC.  
By: RUBIN & LEVIN, P.C.

By: *R. Brock Jordan*  
R. Brock Jordan, Attorney at Law

STATE OF INDIANA        )  
                                  ) SS:  
COUNTY OF MARION     )

Before me, a Notary Public in and for said County and State, personally appeared R. Brock Jordan, who acknowledged the execution of the foregoing Sworn Statement and Notice of Intention to Hold Mechanic's Lien, and who, having been duly sworn, under the penalties of perjury, stated that the facts and matters therein set forth are true and correct.

Witness my hand and Notarial Seal this 23<sup>rd</sup> day of July, 2003.

My Commission Expires: 3/31/08  
My County of Residence: MARION

*Melissa P. Ridgeway*  
Melissa P. Ridgeway, Notary Public

This instrument was prepared by R. Brock Jordan, Attorney at Law, 500 Marott Center, 342 Massachusetts Avenue, Indianapolis, IN 46204-2161, 317/634-0300. (G:\WP80\Melissa\Pleadings\Liens\NCS\Scott Mechanical ML File No. 805273-01

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