1
Y
5

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

	Ti China	
Lien Claimant's Return Address:		N
KROPP EQUIPMENT INC		0
(name)		-
1020 S. KENNEDY AVE		$\circ$
(address—no. and street)		
SCHERERVILLE IN. 46375		05
(address—city, state, zip)		œ
	(This space for filing/recording data)	) čn
MECHA	ANIC'S LIEN	<del>10.00</del>
Owner / Reputed Owner with Address:	Lien Claimant and Address:	•
ST. MARY MEDICAL CENTER CAMPUS CO	KROPP EQUIPMENT INC	
901 MAC ARTHUR STE 606 BLVD	1020 S KENNEDY AVE	
MUNSTER INDIANA 46321	SCHERERVILLE, IN 46375	~
	<u> </u>	- Company
Property Subject to the Lien:	Name of Project: ST. MARY MEDICAL	<u> </u>
ST. MARY MEDICAL CENTER	<u> </u>	
1500 S LAKE PARK AVE		
HOBART, INDIANA 46342	Person/Entity with whom claimant	င္
	contracted:	
Legal Description attached.	KERRCON INC	sanchille stream
·	was po-	22.00
we described real estate, together with improve stated.		n on the
ve described real estate, together with impr	ovements and leasehold interests, for the	n on the
A general description of the labor, materials, so TAL EQUIPMENT 20FT SCISSOR LIFT  Amount Owing: As of the date below, the Total Owed/Billed on Base Contract All Extras  Less All Payments (Invoices attack In addition, the costs for filing/recording to proof. Further, and assuming allocation)	ervices, and/or equipment furnished is:  e sum of \$ 2091.25 , itemizes for Entire Job \$2091.  to for Entire Job \$0	e amou
A general description of the labor, materials, so TAL EQUIPMENT 20FT SCISSOR LIFT  Amount Owing: As of the date below, the Total Owed/Billed on Base Contract All Extras.  Less All Payments (Invoices attack In addition, the costs for filing/recording to proof. Further, and assuming all cole one): (a) interest at the legal rate from a second of the state of the legal rate from a second of the state of the legal rate from a second of the state of the legal rate from a second of the state of the legal rate from a second of the legal rate fr	ervices, and/or equipment furnished is:  e sum of \$ 2091.25 , itemizet for Entire Job \$2091.  the d—Optional) \$ 0  this lien and attorney's fees and court cowed by State law, the following is requand after the due date or (b) finance che	zed 25 osts lested arges a
A general description of the labor, materials, so TAL EQUIPMENT 20FT SCISSOR LIFT  Amount Owing: As of the date below, the Total Owed/Billed on Base Contract All Extras.  Less All Payments (Invoices attack In addition, the costs for filing/recording to proof. Further, and assuming all cole one): (a) interest at the legal rate from a second of the state of the legal rate from a second of the state of the legal rate from a second of the state of the legal rate from a second of the state of the legal rate from a second of the legal rate fr	ervices, and/or equipment fumished is:  e sum of \$ 2091.25 , itemizet for Entire Job \$2091.  the d—Optional) \$ 0  this lien and attorney's fees and court cowed by State law, the following is required and after the due date or (b) finance characterists and services.	zed 25 osts lested arges a
Ageneral description of the labor, materials, so TAL EQUIPMENT 20FT SCISSOR LIFT  Amount Owing: As of the date below, the Total Owed/Billed on Base Contract All Extras.  Less All Payments (Invoices attack In addition, the costs for filing/recording to proof. Further, and assuming allowed one): (a) interest at the legal rate from a shed to the project within (circle one): (60 days the approximate date claimant's work comments of the project within (circle one): (60 days the approximate date claimant's work comments of the project within (circle one): (60 days the approximate date claimant's work comments of the project within (circle one): (60 days the approximate date claimant's work comments of the project within (circle one): (60 days the approximate date claimant's work comments of the project within (circle one): (60 days the approximate date claimant's work comments of the project within (circle one): (60 days the approximate date claimant's work comments of the project within (circle one): (60 days the approximate date claimant's work comments of the project within (circle one): (60 days the approximate date claimant's work comments of the project within (circle one): (60 days the approximate date claimant's work comments of the project within (circle one): (60 days the approximate date claimant's work comments of the project within (circle one): (60 days the approximate date claimant's work comments of the project within (circle one): (60 days the approximate date claimant's work comments of the project within (circle one): (60 days the approximate date claimant's work comments of the project within (circle one): (60 days the approximate date claimant's work comments of the project within (circle one): (60 days the approximate date claimant's work comments of the project within (circle one): (60 days the approximate date claimant of the project within (circle one): (60 days the approximate date claimant of the project within (circle one): (60 days the approximate date claimant of the project within (circ	ervices, and/or equipment furnished is:  e sum of \$ 2091.25 , itemize  t for Entire Job \$2091.  the d—Optional) \$ 0  this lien and attorney's fees and court cowed by State law, the following is required and after the due date or (b) finance che camount is for labor, material, and services are or (90 days of the date of recording this need was 05/03/10	zed 25 osts lested arges a
A general description of the labor, materials, so TAL EQUIPMENT 20FT SCISSOR LIFT  Amount Owing: As of the date below, the Total Owed/Billed on Base Contract All Extras.  Less All Payments (Invoices attact In addition, the costs for filing/recording to proof. Further, and assuming allowed one): (a) interest at the legal rate from a per month from the due date. This	ervices, and/or equipment furnished is:  e sum of \$ 2091.25 , itemize  t for Entire Job \$2091.  the d—Optional) \$ 0  this lien and attorney's fees and court cowed by State law, the following is required and after the due date or (b) finance che camount is for labor, material, and services are or (90 days of the date of recording this need was 05/03/10	zed 25 osts lested arges a
Ageneral description of the labor, materials, so TAL EQUIPMENT 20FT SCISSOR LIFT  Amount Owing: As of the date below, the Total Owed/Billed on Base Contract All Extras.  Less All Payments (Invoices attack In addition, the costs for filing/recording to proof. Further, and assuming allowed one): (a) interest at the legal rate from a shed to the project within (circle one): (60 days the approximate date claimant's work comments of the project within (circle one): (60 days the approximate date claimant's work comments of the project within (circle one): (60 days the approximate date claimant's work comments of the project within (circle one): (60 days the approximate date claimant's work comments of the project within (circle one): (60 days the approximate date claimant's work comments of the project within (circle one): (60 days the approximate date claimant's work comments of the project within (circle one): (60 days the approximate date claimant's work comments of the project within (circle one): (60 days the approximate date claimant's work comments of the project within (circle one): (60 days the approximate date claimant's work comments of the project within (circle one): (60 days the approximate date claimant's work comments of the project within (circle one): (60 days the approximate date claimant's work comments of the project within (circle one): (60 days the approximate date claimant's work comments of the project within (circle one): (60 days the approximate date claimant's work comments of the project within (circle one): (60 days the approximate date claimant's work comments of the project within (circle one): (60 days the approximate date claimant's work comments of the project within (circle one): (60 days the approximate date claimant's work comments of the project within (circle one): (60 days the approximate date claimant of the project within (circle one): (60 days the approximate date claimant of the project within (circle one): (60 days the approximate date claimant of the project within (circ	ervices, and/or equipment furnished is:  le sum of \$ 2091.25 , itemizes for Entire Job \$2091.  let for Entire Job \$0	zed 25 osts lested arges a

	Dated: 10/5/10 (Signature and Title of Lien Claimant)
	NOTARY
	STATE OF INDIANA
	COUNTY OF Hake )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
å	MICHELLE A NICHOLS BROAD  Notary Public, Signature  MICHELLE A NICHOLS BROAD  Printed Name
	My Commission Expires: 12-29-10 My County of Residence: 4000uto

The undersigned, having been duly swom upon his oath, under the penalties of perjury, hereby sates that lien claimant intends to hold a mechanic's lien upon the above project and that the facts set

forth in this Swom Statement are true and correct.

# 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)

**Marv Medical Center :NC.  **ROPERTY SUBJECT TO THE LIEN (common street address or other description):  **500 S Lake Park Ave Hobart, IN 46342 See ATTACHED Legal Description  1) General description of construction services furnished by Lien Claimant:  **ental Equipment 20ft Scissor Lift**  2) Amount due: Through 6/22/10 (date) is \$ 2091.25 after just credits (total enformed, with extras of \$	Via Certified Mail		
St. Mary Medical Center Campus Community (name(s))  901 Mac Arthur Ste 606 Blvd (address—no. and street)  (address—no. and street)  Munster In 46321 (address—city, state, zip)  FROM LIEN CLAIMANT:  Kropp Equipment INC (Individual/company name) 1020 S Kennedy Ave (address—o. and street)  1865 Willowcreek Rd (address—city, state, zip)  FROM LIEN CLAIMANT:  Kropp Equipment INC (Individual/company name) 1020 S Kennedy Ave (address—no. and street) Schererville, IN 46375 (address—oity, state, zip)  219-865-3585 219-865-3333 Portage, IN 46375 (address—city, state, zip)  Please take notice that the undersigned lien claimant intends to file a Mechanic's Lien against the wher's property if payment is not made for moneys owed as follows:  RY.JECT NAME: Mary Medical Center INC.  RCPERTY SUBJECT TO THE LIEN (common street address or other description): 200 S Lake Park Ave Hobart, IN 46342  1) General description of construction services furnished by Lien Claimant: tental Equipment 20ft Scissor Lift  2) Amount due: Through 6/22/10 (date) is \$ 2091.25 after just credits (total retorated, with extras of \$ less payments of \$ less pay	TO OWNER:	TO GENERAL CONTRACTOR	
(name(s))   (name(s))   (name(s))   (name(s))   (address—no. and street)   (address—no. and street)   (address—no. and street)   (address—no. and street)   (address—city, state, zip)   (name(s))   (n	St Many Madical Courts C		
901 Mac Arthur Ste 606 Bivd (address—no. and street)  Munster In 46321 Portage, in 46368 (address—city, state, zip)  FROM LIEN CLAIMANT:  Kropp Equipment INC (individual/company name) 1020 S Kennedy Ave (address—no. and street)  Schererville, IN 46375 (address—city, state, zip)  Please take notice that the undersigned lien claimant intends to file a Mechanic's Lien against the winer's property if payment is not made for moneys owed as follows:  Please take notice that the undersigned lien claimant intends to file a Mechanic's Lien against the winer's property if payment is not made for moneys owed as follows:  Please take notice that the undersigned lien claimant intends to file a Mechanic's Lien against the winer's property if payment is not made for moneys owed as follows:  Please take notice that the undersigned lien claimant intends to file a Mechanic's Lien against the winer's property if payment is not made for moneys owed as follows:  Please take notice that the undersigned lien claimant intends to file a Mechanic's Lien against the winer's property if payment is not made for moneys owed as follows:  Please take notice that the undersigned lien claimant intends to file a Mechanic's Lien against the winer's property if payment is not made for moneys owed as follows:  Please take notice that the undersigned lien claimant intends to file a Mechanic's Lien against the winer's property if payment is not made within ten days of the property, at the instance of the general contractor, by a Claimant if payment is not made within ten days (10) of receipt of this demand, Claimant intends to a Mech_nic's Lien, without further notice. If you have any questions or wish to make payment rangem: https://property.ided.	(name/s))		I
Munster In 46321	(name(s))	(name(s))	
Munster In 46321	901 Mac Arthur Ste 606 Rivd	1965 \\600	2
Munster In 46321 (address-city, state, zip)  Portage, In 46368 (address-city, state, zip)  FROM LIEN CLAIMANT:  Kropp Equipment INC (individual/company name) 1020 S Kennedy Ave (address-no, and street) Schererville, IN 46375 (addresscity, state, zip) 219-865-3585 219-865-3333 Portage, IN 46375 (addresscity, state, zip) Please take notice that the undersigned lien claimant intends to file a Mechanic's Lien against the winer's property if payment is not made for moneys owed as follows:  RY.JECT NAME: Mary Medical Center INC.  RROPERTY SUBJECT TO THE LIEN (common street address or other description); 500 S Lake Park Ave Hobart, IN 46342  PORTAGE TO THE LIEN (common street address or other description); 500 S Lake Park Ave Hobart, IN 46342  PORTAGE TO THE LIEN (common street address or other description); 500 S Lake Park Ave Hobart, IN 46342  PORTAGE TO THE LIEN (common street address or other description); 500 S Lake Park Ave Hobart, IN 46342  PORTAGE TO THE LIEN (common street address or other description); 500 S Lake Park Ave Hobart, IN 46342  PORTAGE TO THE LIEN (common street address or other description); 500 S Lake Park Ave Hobart, IN 46342  PORTAGE TO THE LIEN (common street address or other description); 500 S Lake Park Ave Hobart, IN 46342  PORTAGE TO THE LIEN (common street address or other description); 500 S Lake Park Ave Hobart, IN 46342  PORTAGE TO THE LIEN (common street address or other description); 500 S Lake Park Ave Hobart, IN 46342  PORTAGE TO THE LIEN (common street address or other description); 500 S Lake Park Ave Hobart, IN 46342  PORTAGE TO THE LIEN (common street address or other description); 500 S Lake Park Ave Hobart, IN 46342  PORTAGE TO THE LIEN (common street address or other description); 500 S Lake Park Ave Hobart, IN 46342  PORTAGE TO THE LIEN (common street address or other description); 500 S Lake Park Ave Hobart, IN 46342  PORTAGE TO THE LIEN (common street address or other description); 500 S Lake Park Ave Hobart, IN 46342  PORTAGE TO THE LIEN (common street address or o	(address-no. and street)		
(address-city, state, zip)  (address-no, and street)  (address-no, and street)  (address-no, and street)  (address-city, state, zip)  (address-city, state, zip)  219-865-3585 219-865-3333  Portage, IN 46375  (address-city, state, zip)  219-865-3585 219-865-3333  Portage, IN 46375  (address-city, state, zip)  Please take notice that the undersigned lien claimant intends to file a Mechanic's Lien against the wner's property if payment is not made for moneys owed as follows:  Preserved as follows:  Acceptable as follows:  Preserved as follows:  P	( and saddy	(address—no. and street)	0
(address-city, state, zip)  (address-no, and street)  (address-no, and street)  (address-no, and street)  (address-city, state, zip)  (address-city, state, zip)  219-865-3585 219-865-3333  Portage, IN 46375  (address-city, state, zip)  219-865-3585 219-865-3333  Portage, IN 46375  (address-city, state, zip)  Please take notice that the undersigned lien claimant intends to file a Mechanic's Lien against the wner's property if payment is not made for moneys owed as follows:  Preserved as follows:  Acceptable as follows:  Preserved as follows:  P	Munster In 46321	Portogo In 46260	
CLAIMANT HAS A CONTRACT WITH:			
CLAIMANT HAS A CONTRACT WITH:	-, -r,	(address—city, state, zip)	~
CLAIMANT HAS A CONTRACT WITH:			2
Kerrcon INC (individual/company name)  1020 S Kennedy Ave (address—no. and street) Schererville, IN 46375 (address—city, state, zip) 219-865-3585 219-865-3333 Portage, IN 46375 (address—city, state, zip) 219-865-3585 Please take notice that the undersigned lien claimant intends to file a Mechanic's Lien against the wher's property if payment is not made for moneys owed as follows:  **R. JECT NAME:** Mary Medical Center INC.  **ROPERTY SUBJECT TO THE LIEN (common street address or other description): 500 S Lake Park Ave Hobart, IN 46342  **PART ARE:**  1) General description of construction services furnished by Lien Claimant:  2) Amount due: Through 6/22/10 (date) is \$ 2091.25 after just credits (total informed, with extras of \$, less payments of \$, less payments of \$). Unpaid invoice(s) tached. Attorney > .ees and court costs will also be requested.  The above-c -scribed work was provided to the property, at the instance of the general contractor, by a claimant if payment is not made within ten days (10) of receipt of this demand, Claimant intends to be a Mech.nic's Lien, without further notice. If you have any questions or wish to make payment rangements, please call immediately to discuss.			- <del> </del>
(individual/company name) 1020 S Kennedy Ave (address—no. and street) Schererville, IN 46375 (address—no. and street)  219-865-3585 219-865-3333 Portage, IN 46375 (address—city, state, zip) 219-865-3585 219-865-3333 Portage, IN 46375 (address—city, state, zip)  Please take notice that the undersigned lien claimant intends to file a Mechanic's Lien against the wher's property if payment is not made for moneys owed as follows:  RC. JECT NAME: Mary Medical Center INC.  RCPERTY SUBJECT TO THE LIEN (common street address or other description): Mary Medical Center INC.  RCPERTY SUBJECT TO THE LIEN (common street address or other description): Mary Medical Center INC.  RCPERTY SUBJECT TO THE LIEN (common street address or other description): Mary Medical Center INC.  All Performed Description of construction services furnished by Lien Claimant: Mary Medical Center INC.  Amount due: Through 6/22/10 (date) is \$ 2091.25 after just credits (total informed, with extras of \$ less payments of \$ less payments of \$ Unpaid invoice(s)  The above-f-scribed work was provided to the property, at the instance of the general contractor, by the claimant in payment is not made within ten days (10) of receipt of this demand, Claimant intends to be a Mech_nic's Lien, without further notice. If you have any questions or wish to make payment rangements, please call immediately to discuss.	FROM LIEN CLAIMANT:	CLAIMANT HAS A CONTRACT WITH:	
(individual/company name) 1020 S Kennedy Ave (address—no. and street) Schererville, IN 46375 (address—no. and street)  219-865-3585 219-865-3333 Portage, IN 46375 (address—city, state, zip) 219-865-3585 219-865-3333 Portage, IN 46375 (address—city, state, zip)  Please take notice that the undersigned lien claimant intends to file a Mechanic's Lien against the wher's property if payment is not made for moneys owed as follows:  RC. JECT NAME: Mary Medical Center INC.  RCPERTY SUBJECT TO THE LIEN (common street address or other description): Mary Medical Center INC.  RCPERTY SUBJECT TO THE LIEN (common street address or other description): Mary Medical Center INC.  RCPERTY SUBJECT TO THE LIEN (common street address or other description): Mary Medical Center INC.  All Performed Description of construction services furnished by Lien Claimant: Mary Medical Center INC.  Amount due: Through 6/22/10 (date) is \$ 2091.25 after just credits (total informed, with extras of \$ less payments of \$ less payments of \$ Unpaid invoice(s)  The above-f-scribed work was provided to the property, at the instance of the general contractor, by the claimant in payment is not made within ten days (10) of receipt of this demand, Claimant intends to be a Mech_nic's Lien, without further notice. If you have any questions or wish to make payment rangements, please call immediately to discuss.	Kropp Equipment INC	Vormen INO	
1020 S Kennedy Ave (address—no. and street) Schererville, IN 46375 (address—city, state, zip) 219-865-3585 219-865-3333 (fax/phone)  Please take notice that the undersigned lien claimant intends to file a Mechanic's Lien against the wner's property if payment is not made for moneys owed as follows:  R. JECT NAME:  Marv Medical Center INC.  ROPERTY SUBJECT TO THE LIEN (common street address or other description):  Marv Medical Center INC.  ROPERTY SUBJECT TO THE LIEN (common street address or other description):  COO S Lake Park Ave Hobart, IN 46342  Per ATTACHED Regard Description  (date) is \$ 2091.25 after just credits (total informed, with extras of \$ less payments of \$ leached. Attorney sees and court costs will also be requested.  The above-rescribed work was provided to the property, at the instance of the general contractor, by a Claimant if payment is not made within ten days (10) of receipt of this demand, Claimant intends to be a Mechanic's Lien, without further notice. If you have any questions or wish to make payment rangements, please call immediately to discuss.	(individual/company name)		
(address—no. and street) Schererville, IN 46375 (address—city, state, zip) 219-865-3585 219-865-3333 (fax/phone)  Portage, IN 46375 (address—city, state, zip)  Please take notice that the undersigned lien claimant intends to file a Mechanic's Lien against the wner's property if payment is not made for moneys owed as follows:  RY. JECT NAME: Marv Medical Center INC.  ROPERTY SUBJECT TO THE LIEN (common street address or other description): 500 S Lake Park Ave Hobart, IN 46342  Per ATRACHED Legal Description  (address—no. and street)  (address—no. and street)  Portage, IN 46375 (address—city, state, zip)  Portage,	1020 S Kennedy Ave	(name(s))	
Schererville, IN 46375 (address—rich, state, zip) 219-865-3585 219-865-3333 (fax/phone)  Please take notice that the undersigned lien claimant intends to file a Mechanic's Lien against the wher's property if payment is not made for moneys owed as follows:  **R'.JECT NAME:** Marv Medical Center INC.  **ROPERTY SUBJECT TO THE LIEN (common street address or other description): 500 S Lake Park Ave Hobart, IN 46342  **Portage, IN 46375 (address—no. and street)  **Portage, IN 46375 (address—city, state, zip)  **Portage, IN 46375 (address—no. and street)  **Portage, IN 46375 (address—city, state, zip)  **Portage, IN 46375 (address—city, state, zip)  **Portage, IN 4	(address—no. and street)	1865 Willowerook Dd	22
Please take notice that the undersigned lien claimant intends to file a Mechanic's Lien against the wner's property if payment is not made for moneys owed as follows:  **RC.JECT NAME:*  **Marv Medical Center INC.*  **RCPERTY SUBJECT TO THE LIEN (common street address or other description):  **500 S Lake Park Ave Hobart, IN 46342 **Dee ATTABHE! Legal Le			- = =
Please take notice that the undersigned lien claimant intends to file a Mechanic's Lien against the wner's property if payment is not made for moneys owed as follows:  **RC.JECT NAME:*  **Marv Medical Center INC.*  **RCPERTY SUBJECT TO THE LIEN (common street address or other description):  **500 S Lake Park Ave Hobart, IN 46342 **Dee ATTABHE! Legal Le	(address—city, state, zip)	(dudicos—no. and sheet)	<b>2:</b> m
Please take notice that the undersigned lien claimant intends to file a Mechanic's Lien against the wner's property if payment is not made for moneys owed as follows:  **R. JECT NAME:** Mary Medical Center INC.  **ROPERTY SUBJECT TO THE LIEN (common street address or other description):  **SOO S Lake Park Ave Hobart, IN 46342 See ATTABHED Legal Description  1) General description of construction services furnished by Lien Claimant:  **Lental Equipment 20ft Scissor Lift**  2) Amount due: Through 6/22/10 (date) is \$ 2091.25 after just credits (total informed, with extras of \$ , less payments of \$ ). Unpaid invoice(s) tached. Attorney sees and court costs will also be requested.  The above-ciscribed 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 be a Mechanic's Lien, without further notice. If you have any questions or wish to make payment rangements, please call immediately to discuss.	<u>219-865</u> -3585 219-865-3333	Portage IN 46375	35 U
Please take notice that the undersigned lien claimant intends to file a Mechanic's Lien against the wner's property if payment is not made for moneys owed as follows:  **RC.JECT NAME:**	(fax/phone)		- 20 G
Please take notice that the undersigned lien claimant intends to file a Mechanic's Lien against the wner's property if payment is not made for moneys owed as follows:  RY.JECT NAME: Mary Medical Center INC.  ROPERTY SUBJECT TO THE LIEN (common street address or other description):  500 S Lake Park Ave Hobart, IN 46342  1) General description of construction services furnished by Lien Claimant:  1) General description of construction services furnished by Lien Claimant:  1) General description of construction services furnished by Lien Claimant:  2) Amount due: Through 6/22/10 (date) is \$ 2091.25 after just credits (total enformed, with extras of \$ , less payments of \$ ). Unpaid invoice(s) tached. Attorney's sees and court costs will also be requested.  The above-Cascribed work was provided to the property, at the instance of the general contractor, by a Claimant If payment is not made within ten days (10) of receipt of this demand, Claimant intends to be a Mechanic's Lien, without further notice. If you have any questions or wish to make payment rangements, please call immediately to discuss.		(authors only, otato, zip)	
**R'.JECT NAME:  **Mary Medical Center INC.  **ROPERTY SUBJECT TO THE LIEN (common street address or other description):  **500 S Lake Park Ave Hobart, IN 46342 See Africal Legal Description  **I) General description of construction services furnished by Lien Claimant:  **Lental Equipment 20ft Scissor Lift**  **2) Amount due: Through 6/22/10 (date) is \$ 2091.25 after just credits (total enformed, with extras of \$, less payments of \$). Unpaid invoice(s) tached. Attorney ** eres and court costs will also be requested.  **The above-ciscribed 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 the a Mechanic's Lien, without further notice. If you have any questions or wish to make payment rangements, please call immediately to discuss.			nst the
1) General description of construction services furnished by Lien Claimant:  dental Equipment 20ft Scissor Lift  2) Amount due: Through 6/22/10 (date) is \$ 2091.25 after just credits (total performed, with extras of \$	wner's property if payment is not made for mone RCJECT NAME: Mary Medical Center INC.	ys owed as follows:	
In the contract of \$, less payments of \$). Unpaid invoice(s) that the contract of the general contractor, by the contract of the general contractor, by the Claimant of the payment is not made within ten days (10) of receipt of this demand, Claimant intends to the a Mechanic's Lien, without further notice. If you have any questions or wish to make payment the rangements, please call immediately to discuss.	500 S Lake Park Ave Hobart, IN 46342	Dee ATTACHED Legal J	<u>∝o</u> oiβ1
e a Mechanic's Lien, without further notice. If you have any questions or wish to make payment rangements, please call immediately to discuss.	errormed, with extras of \$, less partached. Attorney ≥ .ees and court costs will also The above-c ⇒scribed work was provided to the perconnection of payment is not made within ten day	yments of \$). Unpaid invoice be requested.  property, at the instance of the general controls (10) of receipt of this demand. Claimant in	actor, by
	e a Mechanic's Lien, without further notice. If your rangements, please call immediately to discuss.	have any questions or wish to make paymon	ent
	ated:		

©2006 NationalLienLaw.com. All rights reserved. (925) 899-8449. Email-info@NationalLienLaw.com. Revised 12/05

## **NOTARY**

STATE OF INDIANA
COUNTY OF Kale ss
Before me, a Notary Public, personally appeared (name and title):  KEOPP 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
Notary Public, Signature  MICHELLE A NICHOLS BROAD  Printed Name
My Commission Expires: 12-29-10 My County of Residence: Naporta

### 2003 076965

2993 Jf. MODE

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

July 23, 2003

Mary Medical Center TO: 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.

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

My Commission Expires: 3/5/08 My County of Residence: Marion

1. sa A. P. Ridgelay 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 MI, File No. 805373-011