

2

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 053063

2012 AUG -8 AM 9:53

MEMORANDUM OF LEASE

OTC AM 120265

THIS MEMORANDUM OF LEASE, made and entered into by and between the parties hereto, to evidence their execution of a certain Lease effective 07/01/2012.

WITNESSETH:

The name of the Landlord is Karr Commercial Properties LLC with principal offices located at 1243 Joliet St., Dyer, IN 46311

The name of the Tenant is Pediatric Dental Care, Inc. with principal offices located at 1243 Joliet Street, Dyer, IN 46311.

The leased premises include the real estate commonly known as 1243 Joliet St., Dyer, Lake County, IN, and legally described as: Lot 5 in Lincoln Woods, in the Town of Dyer, as per plat thereof, recorded in Plat Book 27, page 85, in the Office of the Recorder of Lake County, Indiana, EXCEPTING THEREFROM the North 416.03 feet as measured along the West line of said Lot 5.

The term of the Lease is 7/1/2012 to 6/30/2033.

This Memorandum of Lease is being voluntarily executed by the above-referenced Landlord and Tenant for the purpose of placing the Landlord's right, title and interest of record in the Office of the Recorder of Lake County, IN.

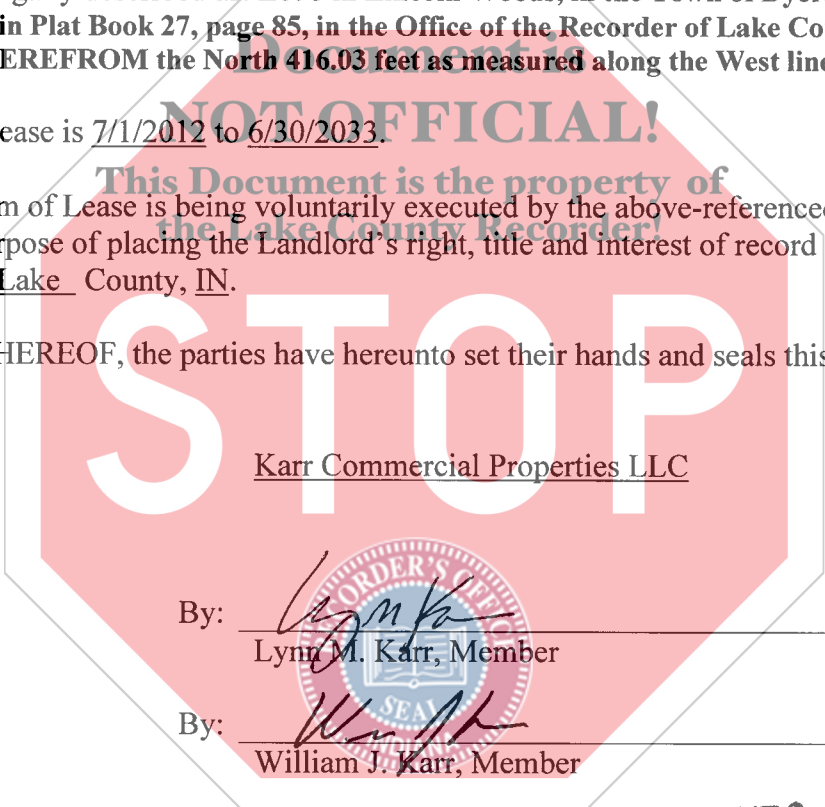
IN WITNESS WHEREOF, the parties have hereunto set their hands and seals this 3rd Day of August, 2012.

LANDLORD:

Karr Commercial Properties LLC

By: *Lynn M. Karr*
Lynn M. Karr, Member

By: *William J. Karr*
William J. Karr, Member



AMOUNT \$ 1400
CASH CT CHARGE CT
CHECK# _____
OVERAGE _____
COPY _____
NON-CONF
DEPUTY AK

CHICAGO TITLE

TENANT: Pediatric Dental Care, Inc.

By: *Lynn M. Karr*
Lynn M. Karr, President

By: *William J. Karr*
William J. Karr, Secretary

STATE OF Indiana)
) SS:
COUNTY OF Lake)

Before me, the undersigned, a Notary Public for the State of Indiana, personally appeared Lynn M. Karr and William J. Karr being first duly sworn by me upon their oath, state that the facts alleged in the foregoing instrument are true. Signed and sealed this 3rd day of August, 2012.

Laura Tavitas
Laura Tavitas, Notary Public

My Commission Expires: 6/14/2016
My County of Residence: LaPorte



This Instrument Prepared By: Laura Tavitas

“I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.”
Laura Tavitas