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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 001631

2014 JAN 13 PM 2:00

MICHAEL B. BROWN  
RECORDER

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**SWORN STATEMENT AND NOTICE OF INTENT  
TO HOLD MECHANIC'S LIEN AND TO IMPOSE PERSONAL LIABILITY**

TO: Munster Medical Research Foundation Inc.  
10010 Donald Powers Drive, Suite 201  
Munster, IN 46321

Munster Medical Research Foundation, Inc.  
d/b/a Community Hospital  
901 Macarthur Boulevard  
Munster, IN 46321

You are hereby notified that Allied Healthcare Products, Inc. ("Claimant"), whose address is 1720 Sublette Avenue, Saint Louis, Missouri 63110, intends to hold a mechanic's lien on real estate located in Lake County, Indiana, and described as follows:

Parcel No. : 45-07-30-101-004.000-027


Legal Description: COMMUNITY HOSPITAL 1ST ADD LOT 1 EX. (S. 119FT OF W. 288FT. OF E. 763.33FT)

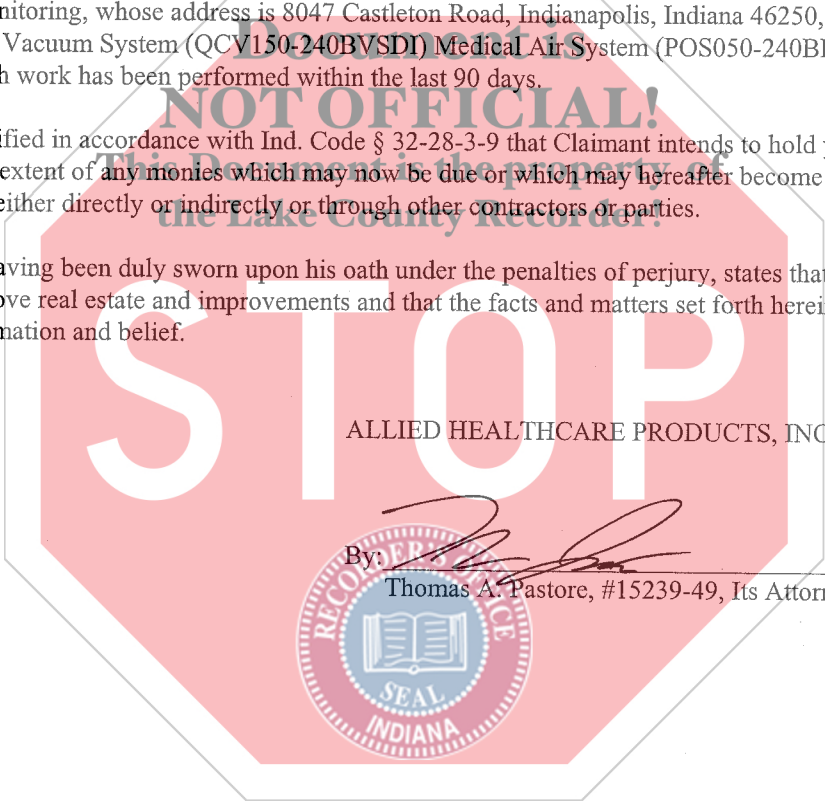
and improvements thereon, known as the Community Hospital Project, with the common address of 901 Macarthur Boulevard, Munster, Indiana 46321 (the "Project") for the principal amount of \$112,354.28, plus interest and attorneys' fees, which sum is owed by Artec Environmental Monitoring, whose address is 8047 Castleton Road, Indianapolis, Indiana 46250, for materials furnished and labor provided consisting of Vacuum System (QCV150-240BVS DI) Medical Air System (POS050-240BDDI) required for construction of Project which work has been performed within the last 90 days.

You are further notified in accordance with Ind. Code § 32-28-3-9 that Claimant intends to hold you personally liable for the payment of this claim to the extent of any monies which may now be due or which may hereafter become due from you to or for Artec Environmental Monitoring, either directly or indirectly or through other contractors or parties.

The undersigned, having been duly sworn upon his oath under the penalties of perjury, states that Claimant intends to hold a mechanic's lien upon the above real estate and improvements and that the facts and matters set forth herein are true and correct to the best of his knowledge, information and belief.

ALLIED HEALTHCARE PRODUCTS, INC.

By:   
Thomas A. Pastore, #15239-49, Its Attorney



CK. 17.1  
DN 3492  
EXTRA MARKS

STATE OF INDIANA )  
 ) SS:  
COUNTY OF MARION )

Before me, a Notary Public in and for said County and State, personally appeared Thomas A. Pastore, attorney for Allied Healthcare Products, Inc., who acknowledged the execution of this Sworn Statement and Notice of Intent to Hold Mechanics' Lien, and who, having been duly sworn, under the penalties of perjury, stated that the matters therein set forth are true and correct to the best of his knowledge, information and belief.

Witness my hand and notarial seal this 10<sup>th</sup> day of January, 2014.

My Commission Expires: March 24, 2016  
My County of Residence is: Marion

Signature: Tina K. Carter  
Tina K. Carter, Notary Public

This instrument prepared by and RETURN TO: Thomas A. Pastore, 8604 Allisonville Road, Suite 256, Indianapolis, Indiana 46250.

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.

Thomas A. Pastore  
Thomas A. Pastore

