

1687

Perpetual EASEMENT

Mem Health Properties

DUPLICATE

Original in Files of
St. Joseph Co. Recorder

9429877

GRANT OF PERPETUAL EASEMENT

UNDERGROUND PHONE LINES

THIS INDENTURE made this 20th day of JUNE, 1994, by and between the City of South Bend, Indiana, by and through its Board of Public Works (hereinafter "Grantor"), and Memorial Health Properties, Inc. (hereinafter "Grantee").

WITNESSETH:

That for One Dollar (\$1.00) and other good and valuable consideration, the receipt of which Grantor hereby acknowledges, Grantor hereby grants, conveys, and warrants to Grantee a perpetual easement of the nature and at the location hereinafter set forth and described for the installation, construction, operation, maintenance, adjustment, replacement, repair, alteration, removal, modernization, and use of underground telephone lines, together with the right of ingress to and egress from said easement for the purpose of installing, constructing, operating, maintaining, adjusting, replacing, repairing, altering, removing, and modernizing said system and other equipment of facilities incident thereto, in, upon, and under the following described real estate in the City of South Bend, St. Joseph County, State of Indiana, briefly described as follows:

A portion of the first north-south alley east of U.S. 31 and 33 between Navarre Street and Bartlett Street in the City of South Bend, Indiana, beginning at the intersection of said alley with the first east-west alley (now vacated) north of Navarre Street, a six foot wide portion of said alley measured from the west boundary thereof extending from said beginning point to the intersection of said alley with the south line of Bartlett Street for the installation of a four inch (4") PVC conduit thirty (30") to thirty-six (36") inches deep to be owned by Memorial Hospital of South Bend and used for installation of a telephone line.

Grantee will restore the area disturbed by its work to as near the original condition as possible.

The Grantor reserves the right to use and occupy the surface area on and over the easement provided that said use and occupancy does not in any way conflict or obstruct the Grantee's right to use said surface for the purposes and intentions hereinabove expressed.

The easement granted herein and its associated benefits and obligations, shall constitute covenants running with the real estate and shall be binding upon the Grantors.

This indenture shall bind and inure to the benefit of the respective successors and assigns of the parties hereto.

Grantee agrees to indemnify, defend and hold harmless the City of South Bend, Indiana, its agents and employees, from any claim, suit, cause of action or loss of any kind, including attorneys fees, arising from the use of the easement granted herein.

ST. JOSEPH CO. RECORDER
FILE NO. _____
MARJANNE SEACH
RECORDER
Aug 2 4 06 41 '94
ST. JOSEPH CO.
INDIANA
FILED FOR RECORD

GRANTEE:

MEMORIAL HEALTH PROPERTIES, INC.

BY: *Richard J. Pelt*

GRANTOR:

CITY OF SOUTH BEND
BOARD OF PUBLIC WORKS

John E. Leszczynski
John E. Leszczynski
President

James R. Caldwell
James R. Caldwell, Member

Jenny Pitts Manier
Jenny Pitts Manier, Member

ATTEST:

Sandra M. Parmerlee
Sandra M. Parmerlee, Clerk

STATE OF INDIANA)
) SS:
ST. JOSEPH COUNTY)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared John E. Leszczynski, James R. Caldwell and Jenny Pitts Manier, personally known by me to be members of the Board of Public Works of the City of South Bend, Indiana, and acknowledged the execution of the same as their voluntary act or deed.

WITNESS my hand and Notarial Seal this 20TH day of JUNE, 1994.

Sandra M. Parmerlee
SANDRA M. PARMERLEE, Notary Public
A resident of St. Joseph County,
Indiana.

My Commission Expires:
7-24-96

STATE OF INDIANA)
) SS:
ST. JOSEPH COUNTY)

Before me, the undersigned, a Notary Public in and for said County and State, Personally appeared THEODORE J. FOTI, known by me to be an agent of Memorial Health Properties, Inc., the Grantee, and acknowledged the execution of the same as his/her voluntary act or deed.

WITNESS my hand and Notarial Seal this 15th day of July, 1994.

Florine M. Wade
FLORINE M. WADE Notary Public
A resident of St. Joseph County,
Indiana.

My Commission Expires:
July 23, 1998

This Instrument was Prepared by: Anne Bruneel, Assistant City Attorney, 1400 County-City Building, South Bend, IN 46601

TRANSACTIONS
 for use in St. Joseph County (8/93)
DUPLICATE
 Original in Files of **9429877**

PRIVACY NOTICE
 Notwithstanding IC 5-14-3, a sales disclosure form is not a public record and may only be used by the State Board of Tax Commissioners or persons acting on behalf of the State Board of Tax Commissioners.

PART I - TO BE COMPLETED BY SELLER OR BUYER

GRANTOR SELLER	First Name CITY OF SOUTH BEND, by and through its		M.I.	Last Name Board of Public Works	
	Social Security number or Federal ID number (optional)				
Address (number and street) 12th Floor, County-City Bldg.		City, Town or Post Office South Bend		State IN	Zip Code 46601
GRANTEE BUYER	First Name MEMORIAL HEALTH PROPERTIES, INC.		M.I.	Last Name	
	Social Security number or Federal ID number (optional)				
Address (number and street)		City, Town or Post Office South Bend		State IN	Zip Code 46601
Address (number and street)		City, Town or Post Office		State	Zip Code
Parcel or Key number		County St. Joseph		Township name Portage	
Property class code (check one)					
<input type="checkbox"/> Residential		<input type="checkbox"/> Commercial		<input type="checkbox"/> Industrial	
<input type="checkbox"/> Mineral		<input type="checkbox"/> Agricultural		<input type="checkbox"/> Other (specify) _____	

EXEMPT TRANSACTIONS

Does the transaction qualify as an exempt transaction?
 Yes No

If Yes, specify the number of the exemption and skip to the signature section below. (To determine the number of the exemption see section entitled "Exempt Transactions" below) Reason number 11

- Exempt Transactions**
 If the document to be recorded clearly indicates that it is an exempt transaction, please certify that the transaction is exempt and provide the reason number.
- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 1. Security interest document such as mortgage and trust deeds | 7. Transfer for no consideration or gift |
| 2. Leases that are for a term of less than ninety (90) years | 8. Documents involving the partition of land tenants in common, joint tenants or tenants by the entirety |
| 3. Document for compulsory transactions as a result of foreclosure or express threat of foreclosure, divorce, court order, condemnation or probate | 9. Re-recording to correct prior recorded document |
| 4. Transfer to a charity | 10. Deeds placed in escrow prior to July 1, 1993 |
| 5. Agreements and other documents for mergers, consolidations and incorporations involving solely nonlisted stock | 11. Easements / Right of Way Grants for no consideration |
| 6. Quitclaim deeds not serving as a source of title | 12. Documents executed prior to July 1, 1993, but not previously recorded |

Signature and Verification Section

The parties to a real property conveyance document are required to file this form and attest in writing and under the penalties of perjury that the information contained herein is true and correct. A person who knowingly and intentionally falsifies any information required on this form commits a Class C misdemeanor.

Under Penalties of Perjury, I hereby certify that this Sales Disclosure, to the best of my knowledge and belief, is true, correct and complete as required by law, and is prepared in accordance with IC 6-1.1-5.5, "Real Property Sales Disclosure Act".

For an exempt transaction only one signature (seller, buyer or either's representative) is required.

Signature of seller or representative <i>[Signature]</i>	Telephone number (219) 235-9241	Date signed (month, day, year)
Signature of buyer or representative <i>[Signature]</i>	Telephone number (219) 284-3677	Date signed (month, day, year) 7/1/94

TO BE COMPLETED BY THE AUDITOR AND RECORDER

COUNTY AUDITOR

STAMP HERE

FILED

BEVERLY D. CRONE
AUDITOR
ST. JOSEPH COUNTY
INDIANA

COUNTY RECORDER

STAMP HERE

FILED

ST. JOSEPH CO. RECORDER

AUG 20 1994

ST. JOSEPH CO. RECORDER

This instrument prepared by Bruce R. Bancroft, Attorney-at-Law, Barnes & Thornburg, 600 1st Source Bank Center, 100 North Michigan Street, South Bend, Indiana 46601

GRANT OF PERPETUAL EASEMENT

UNDERGROUND PHONE LINES

THIS INDENTURE made this 20th day of June, 1994, by and between the City of South Bend, Indiana, by and through its Board of Public Works (hereinafter "Grantor"), and Memorial Health Properties, Inc. (hereinafter "Grantee").

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Grantee agrees to indemnify, defend and hold harmless the City of South Bend, Indiana, its agents and employees, from any claim, suit, cause of action or loss of any kind, including attorneys fees, arising from the use of the easement granted herein.

GRANTEE:
MEMORIAL HEALTH PROPERTIES, INC.

BY: _____

GRANTOR:
CITY OF SOUTH BEND
BOARD OF PUBLIC WORKS

John E. Leszczynski
John E. Leszczynski
President

James R. Caldwell
James R. Caldwell, Member

Jenny Pitts Manier
Jenny Pitts Manier, Member

ATTEST:

Sandra M. Parmerlee
Sandra M. Parmerlee, Clerk

STATE OF INDIANA)
) SS:
ST. JOSEPH COUNTY)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared John E. Leszczynski, James R. Caldwell and Jenny Pitts Manier, personally known by me to be members of the Board of Public Works of the City of South Bend, Indiana, and acknowledged the execution of the same as their voluntary act or deed.

WITNESS my hand and Notarial Seal this 20TH day of JUNE , 1994.

Sandra M. Parmerlee
SANDRA M. PARMERLEE, Notary Public
A resident of St. Joseph County,
Indiana.

My Commission Expires:
7-24-96

STATE OF INDIANA)
) SS:
ST. JOSEPH COUNTY)

Before me, the undersigned, a Notary Public in and for said County and State, Personally appeared _____, known by me to be an agent of Memorial Health Properties, Inc., the Grantee, and acknowledged the execution of the same as his/her voluntary act or deed.

WITNESS my hand and Notarial Seal this day of , 1994.

NotaryPublic
A resident of St. Joseph County,
Indiana.

My Commission Expires:

This Instrument was Prepared by: Anne Bruneel, Assistant City Attorney, 1400 County-City Building, South Bend, IN 46601