THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY. USING THIS FORM, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS AND INSERTING SPECIAL CLAUSES MAY CONSTITUTE THE PRACTICE OF LAW, WHICH SHOULD BE PERFORMED ONLY BY A LAWYER.

MEMORANDUM OF LEASE

THIS MEMORANDUM	OF LEASE evidences the existence of a lease dated the day of	, 20,
(the "Lease") made by		as lessor/landlord,
and		, as lessee/tenant, for the
premises located in	County, Indiana, hereinafter called the "Leased Premises."	

1. The specific legal description of the real property, all or a part of which is subject to the Lease, is:

If the Leased Premises is only a part of the above described real property; of if any part of a building on the real property is subject to the Lease, such part, if not otherwise identified, is shown on a survey or plat plan attached to this memorandum and made a part hereof. The common address is ______.

2. The term of the Lease begins on ______ and ends _____

3. This Lease does/does not contain an option of the lessee/tenant to renew or extend the term of the Lease for successive time periods.

4. The Lease contains other agreements and covenants of the parties, as set forth in an executed counterpart of it in possession of the parties. Such agreements and covenants are incorporated, by this reference, into this Memorandum as though contained in full herein.

SIGNED this ______ day of ______, 20_____.

Lessor/Landlord

(Printed Name)

Lessee/Tenant

(Printed Name)

Address

Address

STATE OF	, COUNTY OF		SS:	
Before me, the undersigned, a Notary Pub	lic in and for said County a	and State, personally	appeared	
and acknowledged the execution of the fore	egoing Memorandum of Lea	ase, and who, having l	been duly sworn, stated t	hat the representations
therein contained are true.				
Witness my hand and notarial sea	al this day of	of	, 20	
My commission expires:		Signature		
Resident of	County	Printed		
STATE OF				
Before me, the undersigned, a Notary Pub	lic in and for said County a	and State, personally	appeared	
and acknowledged the execution of the for representations therein contained are true.	regoing Memorandum of L	ease, and who, havin	g been duly sworn, stat	ed that the
Witness my hand and notarial sea	al this day of	of	, 20	
My commission expires:		Signature		
Resident of	County	Printed		
This instrument prepared by:				Attorney at Law
MAIL TO:				

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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.