

SWORN STATEMENT AND  
NOTICE OF INTENTION TO  
HOLD HOSPITAL LIEN

777730

October 23, 1984

TO: Ms. Bonnie James

ADDRESS: 7251 W. 23rd Avenue Gary, IN 46406

You are hereby notified that The Community Hospital

(hereinafter called "Claimant") whose address is

901 MacArthur Blvd. Munster, IN 46321

intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment, or maintenance of the above-listed patient as follows:

1. The patient was admitted to the hospital on September 4, 1984 and discharged from the hospital on September 4, 1984.

2. The amount due for hospital care during the above time period is One hundred eight six and 60/100 Dollars (\$186.60).

3. To the best of Claimant's knowledge the following names and addresses are those claimed by the patient or his legal representative to be liable for damages arising from the illness or injury causing the hospital stay:

(a) Sherman and Goot  
5258 Hohman Avenue Hammond, IN 46320

(b) Farmers Insurance Company  
6122 West 45th Street Highland, IN 46322

(c) Allstate Insurance Company  
9137 Broadway Merrillville, IN 46410

This lien is being filed pursuant to the Hospital Lien Law, I.C. 32-8-26 in the Office of the Recorder of the County in which the Claimant is located, within ninety (90) days after the patient was discharged from the hospital. The undersigned individual executing this instrument, having been duly sworn upon his/her oath, under the penalties of perjury hereby states that Claimant intends to hold a Hospital Lien as described

STATE OF INDIANA/S.S. NO.  
LAKE COUNTY  
FILED FOR RECORD  
OCT 25 2 02 PM '84  
WILLIAM H. BELSKI JR.  
RECORDER

*[Handwritten mark]*

above and that the facts and matters set forth in the foregoing state-  
ment are true and correct.

Nancy Johnson  
(SIGNATURE)

Nancy Johnson  
(PRINTED)

STATE OF Indiana )

SS:

COUNTY OF Lake )

Before me, a Notary Public in and for said County and State, personally  
appeared Nancy Johnson, who acknowledged the execution of  
the foregoing Sworn Statement and Notice of Intention to Hold Hospital 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 22nd day of October, 1984.

My Commission Expires

5-9-86

Signature

Printed

James D. Hrovsky  
Notary Public

Residing in Lake County, Indiana.

This instrument was prepared by

Cathy M. Kallimanes

Cathy M. Kallimanes, Patient Representative, The Community Hospital.