

SWORN STATEMENT AND
NOTICE OF INTENTION TO
HOLD HOSPITAL LIEN

777731

October 23, 1984

TO: Ms. Tammy Gonzales

ADDRESS: 7251 W. 23rd Gary, IN 46406

You are hereby notified that The Community Hospital

(hereinafter called "Claimant") whose address is

901 MacArthur Blvd. Minster, 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:

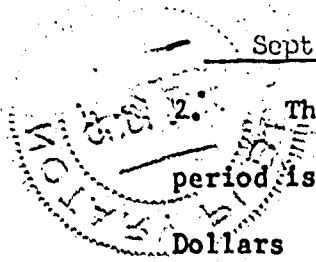
- The patient was admitted to the hospital on September 9, 1984 and discharged from the hospital on September 9, 1984.

- The amount due for hospital care during the above time period is Sixty six dollars and no/100 Dollars (\$ 66.00).

- 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:

- Sherman and Goot
5258 Hohman Avenue Hammond, IN 46320
- Allstate Insurance Company
9137 Broadway Merrillville, IN 46410
- Debra Watkins
740 Roy Street Dyer, IN 46311

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 26 2 02 PM '84 WILLIAM BELTON, JR. RECORDER

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above and that the facts and matters set forth in the foregoing statement are true and correct.

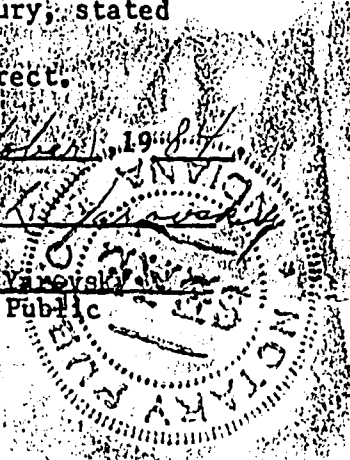
Nancy Johnson
(SIGNATURE)
Nancy Johnson
(PRINTED)

STATE OF Indiana)
COUNTY OF Lake) SS:

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: James L. Yarevsky
Printed: James L. Yarevsky
Notary Public

Residing in Lake County, Indiana.



This instrument was prepared by Cathy M. Kallimanes
Cathy M. Kallimanes, Patient Representative, The Community Hospital.