

TICE OF INTENTION 1.

HOLD HOSPITAL LIEN

777732

October 24, 19 84

TO: William Speck

ADDRESS: 4728 Cameron Ave. Hammond, Indiana 46327

You are hereby notified that The Community Hospital

(hereinafter called "Claimant") whose address is
901 Mac Arthur Blvd. Munster, Indiana 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 27, 19 84 and discharged from the hospital on October 6, 19 84.

2. The amount due for hospital care during the above time period is Three Thousand Six Hundred Ninety-Nine Dollars 07/100----
Dollars (\$ 3,699.07).

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 occurring during the hospital stay:

- (a) Attorney Lee Colombie
230 W. Monroe Suite 2000, Chicago, Il. 60606
- (b) Lindner & O'Leary Insurnace
546 Wentworth Ave Calumet City, Il 60409
- (c) _____

STATE OF INDIANA/S.S. HO.
LAKE COUNTY
FILED FOR RECORD
OCT 25 2 03 PM '84
WILLIAM SPECK JR
RECORDER

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:

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)
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 24th day of October, 1984.
My Commission Expires 5-9-86
Signature James L. Yarovsky
Printed: James L. Yarovsky
Notary Public

Residing in Lake County, Indiana.

This instrument was prepared by Sandra L. Michalak
Sandra L. Michalak, Patient Representative, The Community Hospital.