782830

## NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

2

November 27 ,19 Al
TO: Alice Serbon
ADDRESS: 4134 Indianapolis Blvd East Chicago, IN 46312
You are hereby notified that Munster Medical Research Foundation d/b/a
The Community Hospital (hereinafter called "Claimant") whose address is
901 MacArthur Blvd Munster, IN 46321
for hospital care, treatment, or maintenance of the above-listed patient R as follows:  1. The patient was admitted to the hospital on  November 7, 1984 and discharged from the hospital on  November 7, 1984.  2. The amount due for hospital care during the above time  period is One thousand seven hundred nine dollars and ninety cents.  Dollars (\$1,709.90 ).  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) Economy Fire & Casualty
P.O. Box 11 Olympia Fields, IL 60461
(b) Donald Beese for Nancy Beese, minor
1933 185th Street Lansing, IL 60438
(c)

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.

· · · · · · · · · · · · · · · · · · ·	Courty Lallingnes
	(SIGNATURE)  Cathy M. Kallimanes  (PRINTED)
STATE OF Indiana SS:	
COUNTY OF Lake	
Before me, a Notary Public in and fo	r said County and State, personally
appearedCathy M. Kallimanes,	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	e penalities of perjury, stated
that the facts and matters therein set fo	rth are true and correct.
Witness my hand and Notarial Seal th	is 28 day of 700, 1984.
My Commission Expires S	ignature Maxin Ansser
November 12, 1988 P	rinted Nancy Johnson Notary Public
Residing in Lake County, Ind	iana.

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