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SWORN STATEMENT AND
NOTICE OF INTENTION TO
HOLD HOSPITAL LIEN

2

November 27, 19 84

TO: Alice Sorbon

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

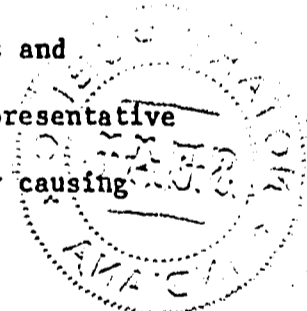
intends to hold a Hospital Lien for all reasonable and necessary charges
for hospital care, treatment, or maintenance of the above-listed patient
as follows:

STATE OF INDIANA/S.S. H9.
LAKE COUNTY
FILED FOR RECORD
Dec 4 3 09 PM '84
WILLIAM BIELSKI JR
RECORDER

1. The patient was admitted to the hospital on
November 3, 1984 and discharged from the hospital
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

