784594

NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

ADDRESS: Bldg. 2-62 Schroeder Yonkers, New Yo	ork 10701	,
	oric 10701	-
and the second of	<u> </u>	
You are hereby notified that Munster Medical he Community Hospital (hereinafter called "Claims		<u>'</u> a
901 MacArthur Plvd. Munster, IN 46321		-
intends to hold a Hospital Lien for all reasonabl	le and necessary charges	
for hospital care, treatment, or maintenance of t	the above-listed patient	
as follows:		
1. The patient was admitted to the hospi	ital on	
September 14 ,1934 and discharged fr	rom the hospital on 🚊	
September 16 ,19 84	AILLE	ָרָד רָרָ
2. The amount due for hospital care duri	ing the above time?	. 633
period is One thousand four hundred seventy f	₩£.N	(2) (2) (2)
Dollars (\$1,474.35).	20 2	FOR
3. To the best of Claimant's knowledge the	following names and	G
addresses are those claimed by the patient o		
to be liable for damages arising from the il		
	These of Injury causing	13.7
the hospital stay:		
(a) Insurance Company of North America Attn: Linda Richards P.O. Box 50866 Indianapolis, IN	46250	
(b)		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
(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-

(SIGNATURE)

Cathy M. Kallimanes

(PRINTED)

STATE OF
COUNTY OF LAKE
Before me, a Notary Public in and for said County and State, personally
appeared Cathy 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 penalities of perjury, stated
facts and matters therein set forth are true and correct.
Witness my hand and Notarial Seal this Albay of Allander 19 14
My Commission Expires Signature Mily Ministra
11/12/88 Printed Nancy Johnson Notary Public
Residing in Lake County, Indiana.

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