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SAINT MARGARET HOSPITAL OF HAMMOND

SWORN STATEMENT AND NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

February 1, 1985, 19

TO: Gloria J. Patterson

ADDRESS: 1156 State Street Hammond, IN 46320

You are hereby notified that Saint Margaret Hospital (hereinafter called "CLAIMANT") whose address is 5412 Hohman Avenue, Hammond, Indiana, 46320, 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 January 10 19 85, and discharged from the hospital on January 14, 19 85.
2. The amount due for hospital care during the above time period is ONE THOUSAND THREE HUNDRED TWO DOLLARS AND 65/100 Dollars (\$ 1,302.65).
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) Atty. Nancy Tiller 1000 E. 80th Place Suite 514-S, Merrillville, IN 46410
(b) Lake County Recorder - 2293 N. Main Street Crown Point, IN 46307
(c) Gloria J. Patterson - 1156 State Street Hammond, IN 46320

STATE OF INDIANA/S.S. NO. LAKE COUNTY FILED FOR RECORD FEB 2 3 39 PM '85 RUDDLEMAN SLAY RECORDER

This lien is being filed pursuant to the Hospital Lien Law, I.C. 32-8-26 in the Office of the Recorder of Lake County in which the Claimant is located, within ninety (90) days after the patient was discharged from the hospital. The undersigned Claimant intends to hold a Hospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct.

Karol Masch (Signature) Karol Masch - Credit Rep. (Printed)

STATE OF INDIANA ) ) SS: COUNTY OF LAKE )

Before me, a Notary Public in and for said County and State, personally appeared Karol Masch, 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 1st day of February, 19 85.

My Commission Expires Terry L. Johnson, Notary Public Lake County, Indiana Commission expiration date 4/14/87

Signature: Terry L. Johnson Printed: Terry L. Johnson Notary Public

Residing in Lake County, Indiana