

5454 Hohman Ave  
Hammond, 46320

SAINT MARGARET HOSPITAL OF HAMMOND.

791846

SWORN STATEMENT AND NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Feb. 7th, 19 85.

TO: Mr. Robert Kowalski

ADDRESS: 4719 Kennedy

East Chicago, Ind. 46312

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: out pt ser. 1/16/85 -\$401.50

1. The patient was admitted to the hospital on In Pt Ser. Dec. 9 19 84, and discharged from the hospital on Jan 1 1985, 19 85.
2. The amount due for hospital care during the above time period is Fifteen Thousand, eight hundred nity&ten cent&ten dollars (\$ 15,890.10).
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) The Home Ins. % Rothchild Agency  
P.O. BOX 10070 Merrillville, Ind. 46411

(b)

(c)

STATE OF INDIANA / S.S. NO.  
FEB 18 2 39 PM '85  
RECORDED  
CLAY

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.

Marie V. Kocur  
(Signature)

Marie V. Kocur---Credit Rep.  
(Printed)

STATE OF INDIANA )  
) SS:  
COUNTY OF LAKE )

Before me, a Notary Public in and for said County and State, personally appeared Marie V. Kocur, 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 7 day of FEBRUARY, 19 85.

My Commission Expires

Signature

Terry L. Johnson

Printed

TERRY L. JOHNSON

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

Residing in Lake County, Indiana

20%