

SAINT MARGARET HOSPITAL OF HAMMOND

792535

SWORN STATEMENT AND NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

February 14, 19 85

TO: Anthony Cushing

ADDRESS: 203 Gostlin, Hammond, IN 46327

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 10-29 19 84, and discharged from the hospital on 02-04 19 85.
2. The amount due for hospital care during the above time period is Seventy two thousand two hundred eighty dollars 92/100 Dollars - (\$ 72,280.92).
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) Allstate Ins. Co. ATTN: Michael J Puskar 9131 Broadway, Merrillville, In 46411 CLAIM # 9421761
(b) Attorney Joseph M Skozen 707 Ridge Rd, Munster, IN 46321
(c)

STATE OF INDIANA RECORDER OF DEEDS COUNTY OF LAKE FEB 20 10 38 AM '85

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.

Debra M. Reagan (Signature) Debra M. Reagan, Credit Rep. (Printed)

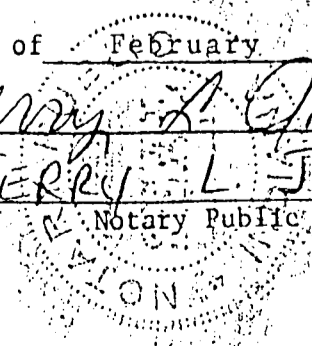
STATE OF INDIANA ) ) SS: COUNTY OF LAKE )

Before me, a Notary Public in and for said County and State, personally appeared Debra M Reagan, 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 14 day of February, 19 85.

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

Signature Terry L. Johnson Printed TERRY L. JOHNSON Notary Public



200