

acct-15507023
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SAINT MARGARET HOSPITAL

OF HAMMOND

792543

SWORN STATEMENT AND NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

February 13, 19 85

TO: Sunnie Earl

ADDRESS: 6131 Columbia Ave., 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:

- The patient was admitted to the hospital on December 25, 19 84, and discharged from the hospital on -----, 19 ____.
- The amount due for hospital care during the above time period is Three Thousand four hundred eighteen dollars and 65/100 Dollars (\$ 3418.65 -Subject to change pt. still receiving services)
- 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:
 - Allstate Insurance Co. - Claim # 2219458557
ATTN: Shirley Whitehead, Claim Department, 9131 Broaway, Merrillville
Indiana 46410
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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.

FILED IN RECORDS
STATE OF INDIANA
LAKE COUNTY
FEB 23 10 23 AM '85

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 13 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

Printed

Terry L Johnson
Notary Public

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