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SWORN STATEMENT AND
NOTICE OF INTENTION TO
HOLD HOSPITAL LIEN

August 12, 1985

TO: McNerlin, Melvin

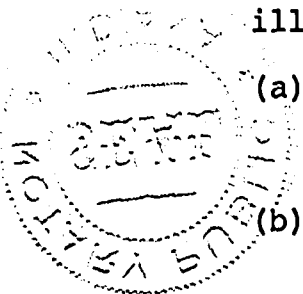
ADDRESS: 4520 W Ridge Road, Gary Indiana 46408

You are hereby notified that The Munster Medical Research Foundation d/b/a The Community Hospital (hereinafter called "Claimant") whose address is 901 MacArthur Blvd, Munster, Indiana 46321

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 7/31/85, 1985 and discharged from the hospital on 8/05/85, 1985.
2. The amount due for hospital care during the above time period is One Thousand Nine Hundred Seventy Four Dollars and 15/100 Dollars (\$ 1,974.15).
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:

AUG 14 10 44 AM '85
STATE OF INDIANA
COUNTY OF STARBUCK
RECORDER
RECORDED



- (a) State Farm Insurance Claim #5365-235
905 W Glen Park Avenue, Griffith, Indiana 46319
- (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

2700

Hospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct.

Elizabeth Stempka
(Signature)

Elizabeth Stempka
(Printed)

State of Indiana)

County of Lake)

SS:

Before me, a Notary Public in and for said County and State, personally appeared Elizabeth Stempka, 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 12th day of August, 1985.

My Commission Expires

11-12-88

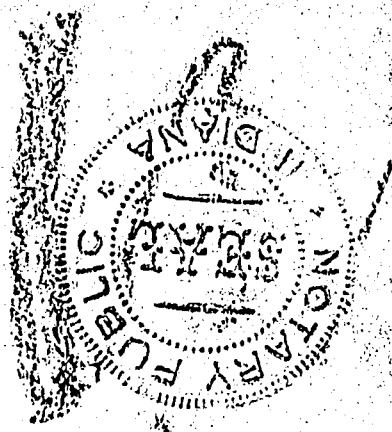
Signature Nancy Johnson

Printed

Nancy Johnson

Notary Public

Residing in Lake County, Indiana



This instrument was prepared by

Elizabeth Stempka