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SWORN STATEMENT AND  
NOTICE OF INTENTION TO  
HOLD HOSPITAL LIEN

August 12, 1985

TO: CHILDERS, JULIE

ADDRESS: 3538 41st Street; Highland, Indiana 46322

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:

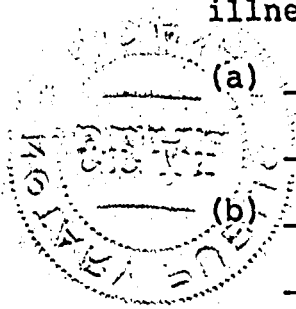
- The patient was admitted to the hospital on July 25, 1985 and discharged from the hospital on July 27, 1985.
- The amount due for hospital care during the above time period is One Thousand Four Hundred and Five Dollars and 45/100 Dollars (\$ 1,405.45 ).
- To the best of Claimant's knowledge the following 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 Insurance Claim #2219567588

P O Box 10249, Merrillville, Indiana 46411

(b)

(c)



STATE OF INDIANA  
 COUNTY OF [ ]  
 AUG 14 10 41 AM '85  
 RUDOLPH CLAY  
 RECORDER

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

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

Elizabeth Stremпка  
(Signature)  
Elizabeth Stremпка  
(Printed)

State of Indiana)  
County of Lake)

SS:

Before me, a Notary Public in and for said County and State, personally appeared Elizabeth Stremпка, 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 Stremпка