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SWORN STATEMENT AND
NOTICE OF INTENTION TO
HOLD HOSPITAL LIEN

September 5, 1986

TO: John McCoy

ADDRESS: 7540 Madison, Hammond, IN 46324

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

901 MacArthur Boulevard, Munster, IN 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 August 7, 1986 and discharged from the hospital on August 7, 1986. \$328.40

2. The amount due for hospital care during the above time period is Nine Hundred Seventy Six and 40/100 Dollars (\$ 976.40).

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) White Insurance

6712 Calumet, Hammond, IN 46323 CLM 271A626388

(b) McCoy, Patricia - August 7, 1986 to August 7, 1986 \$146.00

McCoy, John - August 15, 1986 to August 15, 1986 \$90.00

(c) McCoy, John - August 18, 1986 to August 18, 1986 \$414.00

Department of Insurance

500 State Office Bldg., Indianapolis, IN 46204

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

STATE OF INDIANA
CLAY COUNTY
OFFICE OF THE RECORDER
RECORDED
SEP 11 11 27 AM '86
RUDOLPH CLAY

5-00

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

Doreen F. Sanders
(Signature)

Doreen F. Sanders
(Printed)

State of Indiana)

SS:

County of Lake)

Before me, a Notary Public in and for said County and State, personally appeared Doreen F. Sanders, 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 5th day of September, 1986.

My Commission Expires

May 9, 1990

Signature James L. [Signature]

Printed

James L. [Signature]
Notary Public

Residing in Lake County, Indiana

This instrument was prepared by Doreen F. Sanders

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