

873964

SWORN STATEMENT AND
NOTICE OF INTENTION TO
HOLD HOSPITAL LIEN

September 5, 1986

TO: Norman Lynn

ADDRESS: 8831 Harrison, Munster, IN 46321

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 July 22, 1986 and discharged from the hospital on continuing treatment, 19 .

2. The amount due for hospital care during the above time period is One Thousand Twenty Five and 00/100 Dollars (\$ 1,025.00).

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 illness or injury causing the hospital stay:

SEP 5 11 17 AM '86
STATE OF INDIANA
COUNTY OF
FILED
RECORDER OF CLERK
JAY

(a) State Farm
905 W. Glen Park, Griffith, IN 46319 GLM 145397156 ATTN: Jerry Dalton

(b) Department of Insurance
509 State Office Bldg., Indianapolis, IN 46204

(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

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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.

Doreen F. Sanders
(Signature)

Doreen F. Sanders
(Printed)

State of Indiana)
County of Lake)

SS:

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, 1927

My Commission Expires

May 9, 1930

Signature James L. Yarowick

Printed

James L. Yarowick
Notary Public

Residing in _____ Lake County, Indiana

This instrument was prepared by Doreen F. Sanders

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