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SWORN STATEMENT AND
NOTICE OF INTENTION TO
HOLD HOSPITAL LIEN

September 5, 19 86

TO: Michele Kohrtmann

ADDRESS: 18409 Oakwood, Lansing, IL 60438

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

801 Mackintosh 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 June 29, 1986 and discharged from the hospital on July 3, 1986.

2. The amount due for hospital care during the above time period is One Thousand Eight Hundred Sixty Three and 65/100 Dollars (\$ 1,863.65).

3. To the best of Claimant's knowledge the following names and addresses are those claimed by the patient or his representative to be liable for damages arising from the illness or injury causing the hospital stay:

- (a) Indiana Consolidated Insurance
1470 N. Earnsworth, Aurora, IL 60507 CLM 2-918-213 Insured: David Frezza
- (b) Department of Insurance
509 State Office Bldg., Indianapolis, IN 46204
- (c) _____

STATE OF INDIANA
CLAY COUNTY
RECORDS & CLERK
SEP 9 11 17 AM '86
RECORDED
CLAY

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, 1941.

My Commission Expires
May 9, 1950

Signature James H. [unclear]
Printed James H. [unclear]
Notary Public

Residing in Lake County, Indiana

This instrument was prepared by Doreen F. Sanders

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