

2
873966

SWORN STATEMENT AND
NOTICE OF INTENTION TO
HOLD HOSPITAL LIEN

September 5, 1986

TO: Angela Madden

ADDRESS: 1728 Fairbanks, Griffith, IN 46310

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

201 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 June 17, 1986 and discharged from the hospital on June 17, 1986.
2. The amount due for hospital care during the above time period is Three Hundred Seventy Two and 78/100 Dollars (\$ 372.78).
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) Transamerica Insurance Group
P.O. Box 568, Mishawaka, IN 46544
- (b) Department of Insurance
502 State Office Bldg., Indianapolis, IN 46204
- (c) _____

STATE OF INDIANA
RECORDED
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

552

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. Garovsky
Printed James L. Garovsky
Notary Public

Residing in Lake County, Indiana

This instrument was prepared by Doreen F. Sanders

8.33000