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SWORN STATEMENT AND
NOTICE OF INTENTION TO
HOLD HOSPITAL LIEN

September 5, 1986

TO: Bryan Kuthreuff

ADDRESS: 10555 Olde Farm Rd., 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

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 July 27, 1986 and discharged from the hospital on July 27, 1986.
2. The amount due for hospital care during the above time period is Four Hundred Twenty Seven and 00/100 Dollars (\$ 427.00).
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 the illness or injury causing the hospital stay:

(a) State Farm Claims Office

955 W. 175th Street, Homewood, IL 60430 Attn: Chris Jacobson

CLM: 135049-868 Insured Party:

(b) Department of Insurance

Tom J. Jelic

509 State Office Bldg., Indianapolis, IN 46204

(c) _____

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RECORDED
RUDDLEMAN CLAY

This lien is being filed pursuant to the Hospital Lien Law, P.S. 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)

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 8th day of September, 1977.

My Commission Expires

May 9, 1990

Signature James L. Karovsk

Printed

James L. Karovsk
Notary Public

Residing in Lake County, Indiana

This instrument was prepared by Doreen F. Sanders

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