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SAINT MARGARET HOSPITAL OF HAMMOND

SWORN STATEMENT AND NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

August 24th, 1986

TO: Ms Carol Brescia and Attorney J. Richard Hisaw
ADDRESS: 632 Locust St. 1525 E. Hyde Park Blvd.
Hammond, Ind. 46324 Chicago, Ill. 60615

You are hereby notified that Saint Margaret Hospital (hereinafter called "CLAIMANT") whose address is 5412 Hohman Avenue, Hammond, Indiana, 46320, 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 7-10-86, 1986, and discharged from the hospital on 7-30, 1986.
2. The amount due for hospital care during the above time period is Twenty five thousand, six hundred eighteen dollars and ninety five cents. Dollars (\$ 25,618.95).
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)
(b)
(c)

SEP 22 1 25 PM '86
RUDDOCK CLAY RECORDER

This lien is being filed pursuant to the Hospital Lien Law, I.C. 32-8-26 in the Office of the Recorder of Lake County in which the Claimant is located, within ninety (90) days after the patient was discharged from the hospital. The undersigned Claimant intends to hold a Hospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct.

This Lien has been prepared by: ST. MARGARET HOSPITAL 5454 Hohman Avenue P. O. Box 1160 Hammond, Indiana 46325

Mrs. Karen Kryszak (Signature) Mrs. Karen Kryszak, Credit Rep. (Printed)

STATE OF INDIANA ) ) SS: ) COUNTY OF LAKE )

Before me, a Notary Public in and for said County and State, personally appeared Karen Kryszak, 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 12 day of September, 1986. My Commission Expires Terry L. Johnson, Notary Public Lake County, Indiana Commission expiration date 4/14/87

Signature: Terry L. Johnson Printed: Terry L. Johnson Notary Public

Residing in Lake County, Indiana

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