

892148

SWORN STATEMENT AND
NOTICE OF INTENTION TO
HOLD HOSPITAL LIEN

December 15

1986

TO: Sandra Lydick

ADDRESS: 741 Roy Street, Dyer, IN 46311

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 October 4, 19 86 and discharged from the hospital on recurring treatment, 19 .

The amount due for hospital care during the above time period is Four Hundred Eighty & 00/100 Dollars (\$ 480.00).

2. 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 Insurance
905 W. Glen Park, Griffith, IN 46319 CLM: 14-5370-630
- (b) C. Jerome Smith
5253 Hohman Avenue, Hammond, IN 46320
- (c) Department of Insurance
509 State Office Bldg., Indianapolis, IN 46204

DEC 19 1986
RECORDED
RUDOLPH CLAY
CLERK



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

550

21 1986

Hospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct.

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of Indiana

Doreen F. Sanders

(Signature)

of Indiana

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 15th day of December, 19 86.

My Commission Expires

5/9/90

Signature

James L. Yarovsky

Printed

James L. Yarovsky
Notary Public

Residing in Lake County, Indiana

This instrument was prepared by Doreen F. Sanders