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SWORN STATEMENT AND
NOTICE OF INTENTION TO
HOLD HOSPITAL LIEN

December 15, 1986

TO: Charles Newman

ADDRESS: 3936 Carey Street, East Chicago, IN 46312

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 17, 1986 and discharged from the hospital on recurring treatment, 19__.

2. The amount due for hospital care during the above time period is Seven Hundred Sixty Dollars and 00/100 Dollars (\$ 760.00).

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 Insurance
905 W. Glen Park Avenue, Griffith, IN 46319 CLM: 145409947
ATTN: Geri Dalton Insured: Debra Torbert
- (b) Atty. Dawson & Lesniak
3926 Main Street, P.O. Box 3217, East Chicago, IN 46312
- (c) Department of Insurance
509 State Office Bldg., Indianapolis, IN 46204

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



DEC 18 2 05 PM '86
STATE OF INDIANA
COUNTY OF LAKE
RECORDER OF CLERK
REGISTER

ESD

68103

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 15th day of December, 1986.

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