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SWORN STATEMENT AND
NOTICE OF INTENTION TO
HOLD HOSPITAL LIEN

December 17, 1986

TO: Jean Dell

ADDRESS: 712 Exchange Avenue, 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 48321

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 31, 1986 and discharged from the hospital on recurring treatment, 19__.

2. The amount due for hospital care during the above period is One Thousand Two Hundred Three and 00/100 Dollars (\$ 1,203.00).

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) Allstate Insurance
P.O. 10249, Merrillville, IN 46411 Adj: Mike Holden CLM: 2219859696

(b) Department of Insurance
509 States Office Bldg., Indianapolis, IN 46204

(c) _____

STATE OF INDIANA
CLAY COUNTY
FILED
DEC 18 2 51 PM '86
RECORDED
RUBEN P. 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

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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
County of Lake

SS:

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 17th 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