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SWORN STATEMENT AND
NOTICE OF INTENTION TO
HOLD HOSPITAL LIEN

January 23, 1987

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, 1986 and discharged from the hospital on Recurring Treatment, 19 .
2. The amount due for hospital care during the above time period is Two Hundred Forty and 00/100 Dollars (\$ 240.00).
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, 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

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[Handwritten signatures and stamps]

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)

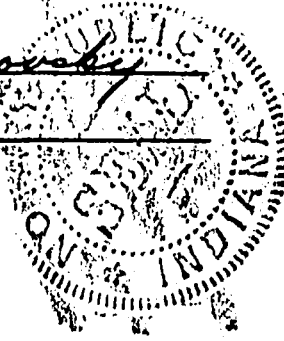
SS:

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 23rd day of January, 1987.

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

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