

SWORN STATEMENT AND  
NOTICE OF INTENTION TO  
HOLD HOSPITAL LIEN

900638

February 5 19 87

TO: Paul O'Brien

ADDRESS: 5905 W. 45th, Gary, IN 46408

You are hereby notified that The Munster Medical Research Foundation d/b/a The Community Hospital (hereinafter called "Claimant") whose address is

71 901 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 January 30, 1987 and discharged from the hospital on January 30, 1987.

2. The amount due for hospital care during the above time period is Six Hundred Seventeen and 00/100 Dollars (\$ 617.00 ).

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) Chicago Motor Club  
312 W. 80th Place, Merrillville, IN 46410 Adjustor: Mr. Pender
- (b) Allstate Insurance  
9131 Broadway, Merrillville, IN 46411 File: 2219866196
- (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

RICHARD J. BLASTICK  
RECORDER, LAKE COUNTY  
CROWN POINT, INDIANA 46307  
FEB 5 11 55 AM '87  
FILED IN RECORDS  
CLERK COUNTY

0-5-87

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 5th day of February, 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