

900640

SWORN STATEMENT AND
NOTICE OF INTENTION TO
HOLD HOSPITAL LIEN

February 4, 1987

TO: Raymond Ivers

ADDRESS: 525 Glenwood Avenue, Griffith, IN 46319

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 December 27, 1986 and discharged from the hospital on December 27, 1986. \$1,748.00

2. The amount due for hospital care during the above time period is One Thousand Eight Hundred Fourteen and 00/100 Dollars (\$ 1,814.00).

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) Farmers Insurance Group, P.O. Box 50048, Indianapolis, IN 46258
Insured's Name is Jack Gross Date of Loss 11/5/86
- (b) State Farm Insurance
4119 S. Franklin Street, Michigan City, IN 46360 Insurance of Patient Raymond Ivers
- (c) Department of Insurance
509 State Office Bldg., Indianapolis, IN 46204

RICHARD J. BLASTICK
RECORDER, LAKE COUNTY,
CROWN POINT, INDIANA 46307
FEB 08 11 55 AM '87

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

Raymond Ivers January 10, 1987 \$66.00

- (d) Atty. Jason Horn, Hilbrich Cunningham & Schwerd
2637 45th Avenue
Highland, IN 46322

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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 4th 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

26-10-10