

900642

SWORN STATEMENT AND  
NOTICE OF INTENTION TO  
HOLD HOSPITAL LIEN

February 4, 1987

TO: Albert Mahler

ADDRESS: 9548 Manor Drive, Highland, IN 46322

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  
January 19, 1987 and discharged from the hospital on  
January 19, 1987.

2. The amount due for hospital care during the above time period is Seven Hundred Thirty Two and 75/100  
Dollars (\$ 732.75 ).

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) Farm Bureau  
9011 Indianapolis Boulevard, Highland, IN 46322 ATTN: Claims Dept.  
CLM: 226-2769283

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

(c) \_\_\_\_\_  
\_\_\_\_\_

RICHARD J. BLASTICK  
RECORDER  
LAKE COUNTY  
CROWN POINT, INDIANA 46307

FEB 5 11 55 AM 1987

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)

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 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

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