

900645

SWORN STATEMENT AND
NOTICE OF INTENTION TO
HOLD HOSPITAL LIEN

February 4, 1987

TO: Robert 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 46322

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 11, 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 Ninety Three and 00/100
Dollars (\$ 293.00).
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
16 W. 84th Drive, P.O. Box 13000, Merrillville, IN 46411-3000
CLM: 14-5328-774
 - (b) C. Jerome Smith
5253 Hohman Avenue, Hammond, I N 46320
 - (c) Department of Insurance
509 State Office Bldg., Indianapolis, IN 46204

RICHARD J BLASTICK
RECORDER, LAKE COUNTY
CROWN POINT, INDIANA 46307
6 11 53 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

0515

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

