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SAINT MARGARET HOSPITAL OF HAMMOND

SWORN STATEMENT AND NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

JANUARY 29, 1987, 19

TO: MS BRENDA GIBSON-----1046 KENWOOD, HAMMOND, IN 46320 REPRESENTED BY ADDRESS ATTORNEY BRIAN ZENNER ----2 NORTH LASALLE STREET, CHICAGO, ILLINOIS SUITE 1904 60602

You are hereby notified that Saint Margaret Hospital (hereinafter called "CLAIMANT") whose address is 5412 Hohman Avenue, Hammond, Indiana, 46320, 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 FEBRUARY 21, 1986 19, and discharged from the hospital on PATIENT IS STILL TAKING THERAPY. 2. The amount due for hospital care during the above time period is TEN THOUSAND FIVE HUNDRED & NINE DOLLARS AND 8 cents Dollars (\$ 10,509.08 ). 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) (b) (c)

CHAND J. BLASTICK RECORDER, LAKE COUNTY CROWN POINT, INDIANA 46307 FILED FOR RECORDING

This lien is being filed pursuant to the Hospital Lien Law, I.C. 32-8-26 in the Office of the Recorder of Lake County in which the Claimant is located, within ninety (90) days after the patient was discharged from the hospital. The undersigned Claimant intends to hold a Hospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct.

PREPARED BY R.M. Hightower

R.M. Hightower (Signature) R. M. HIGHTOWER (Printed)

STATE OF INDIANA ) ) SS: COUNTY OF LAKE )

Before me, a Notary Public in and for said County and State, personally appeared R. M. HIGHTOWER, 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 25th day of February, 1987

My Commission Expires

Signature

Terry L. Johnson

Printed

TERRY L. JOHNSON

Notary Public

Terry L. Johnson, Notary Public Lake County, Indiana Commission expiration date 4/14/87 Residing in Lake County, Indiana

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