

904134

SWORN STATEMENT AND
NOTICE OF INTENTION TO
HOLD HOSPITAL LIEN

February 25, 1987

TO: Georgette Goodlink- Pt. Robert Turczi

ADDRESS: 7537 Beech Street, Hammond, IN 46324

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
February 4, 1987 and discharged from the hospital on
February 12, 1987. \$2,841.95

2. The amount due for hospital care during the above time period is Three Thousand Six Hundred Forty One and 45/100 Dollars (\$3,641.45).

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) American Ambassador
900 Skokie, North Brook, IL 60062 Insured: Wendy McGarritty
CLM: or Policy: 3001588

(b) Patrick McManama
6936 Indianapolis, Highland, IN 46322

(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

(d) Turczi, Robert 3359684 - \$237.00 2/18/87

(e) Turczi, Robert 3360088 - \$562.50 2/18/87

FEB 27 12 48 PM '87
OFFICE OF THE RECORDER OF DEEDS
LAKE COUNTY, INDIANA 46307
RICHARD J. BLASTICK
RECORDER, LAKE COUNTY

555

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 25th day of February, 1987.

My Commission Expires
5/9/90

Signature [Signature]
Printed James L. Yarovsky
Notary Public

Residing in _____ Lake _____ County, Indiana

This instrument was prepared by Doreen F. Sanders