

904135

SWORN STATEMENT AND  
NOTICE OF INTENTION TO  
HOLD HOSPITAL LIEN

February 25, 1987

TO: John Frank

ADDRESS: 7416 Columbia Circle East, 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 12, 1987 and discharged from the hospital on  
February 16, 1987.
2. The amount due for hospital care during the above time period is One Thousand Five Hundred Thirty and 73/100 Dollars (\$ 1530.73 ).
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) Dairyland Insurance  
P.O. Box 2025, Aurora, IL 60507 Insured: Danny Heath  
Adjustor: Jenny Peavler
- (b) Department of Insurance  
509 State Office Bldg., Indianapolis, IN 46204
- (c) \_\_\_\_\_

RICHARD J. BEASTICK  
 RECORDER, LAKE COUNTY  
 STATE OF INDIANA, 46307  
 FILED FOR RECORDS  
 FEB 27 12 48 PM '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

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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 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