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SWORN STATEMENT AND  
NOTICE OF INTENTION TO  
HOLD HOSPITAL LIEN

May 13, 1987

TO: Scott Alsip

ADDRESS: 847 May Street Hammond, Indiana 46320

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, Indiana 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 April 21, 1987 and discharged from the hospital on April 21, 1987.

2. The amount due for hospital care during the above time period is Three Hundred Eighty Seven and 80/100 Dollars (\$ 387.80 ).

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) Attorney: Ed Vrdolyak  
9618 South Commercial Avenue, Chicago, Illinois 60617
- (b) Paul Alexander & Assoc.  
450 Praire Calumet City, Illinois 60409
- (c) Department of Insurance  
509 State Office Bldg., Indianapolis, Indiana 46204

STATE OF INDIANA  
CLERK OF SUPERIOR COURT  
MAY 21 1 18 PM '87  
RECORDER  
KILPATRICK

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.

Joan F. Glinski  
(Signature)

Joan F. Glinski  
(Printed)

State of Indiana)  
County of Lake)

SS:

Before me, a Notary Public in and for said County and State, personally appeared Joan F. Glinski, 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 13th day of May, 1987.

My Commission Expires  
8/7/90

Signature Jimmy N. Barton  
Printed Jimmy N. Barton  
Notary Public

Residing in Lake County, Indiana



This instrument was prepared by Joan F. Glinski