

918702

SWORN STATEMENT AND
NOTICE OF INTENTION TO
HOLD HOSPITAL LIEN

May 13th, 1987

TO: Acres, Donna

ADDRESS: 3048 East 197th Street, Lynwood, Illinois 60411

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 28th, 1987 and discharged from the hospital on May 2, 1987.

2. The amount due for hospital care during the above time period is Three Thousand Three Hundred Thirty Nine and 27/100 Dollars (\$ 3,391.27).

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) Coronet c/o Lincoln Towers, 3500 West Peterson, Chicago, Illinois 60659

Policy # FA626806

(b) State Farm Insurance 2309 East Oakland, Bloomington,

Policy # H1807882-1313

(c) Department of Insurance

509 State Office Bldg., Indianapolis, IN 46204

MAY 22 1987
RECORDED
STATE OF INDIANA
OFFICE OF THE RECORDER
INDIANAPOLIS, INDIANA

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 Glinski
(Signature)

Joan Glinski
(Printed)

State of Indiana)
County of Lake) SS:

Before me, a Notary Public in and for said County and State, personally appeared Joan 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 Glinski