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SWORN STATEMENT AND  
NOTICE OF INTENTION TO  
HOLD HOSPITAL LIEN

May 13th, 1987

TO: Joseph Swiontek

ADDRESS: 609 Huehn, Hammond, Indiana 46327

You are hereby notified that The Munster Medical Research Foundation d/b/a The Community Hospital (hereinafter called "Claimant") whose address is

901 MacArthur Blvd. 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 February 23rd, 1987 and discharged from the hospital on Recurring Treatment, 19  .

2. The amount due for hospital care during the above time period is Five Hundred Thirty Eight and 00/100 Dollars (\$ 538.00 ).

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) USF & G INSURANCE Claim # 3108APD009721-00-9  
P.O. Box 3694, South Bend, Indiana 46204

(b) Dept. of Insurance  
509 State Office Building, Indianapolis, Indiana 46204

(c) \_\_\_\_\_  
\_\_\_\_\_

MAY 12 12 10 PM '87  
RECORDER OF DEEDS  
MUNSTER, 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 F. Glinski  
(Signature)

Joan F. Glinski  
(Printed)

State of Indiana )  
County of Lake )

SS:

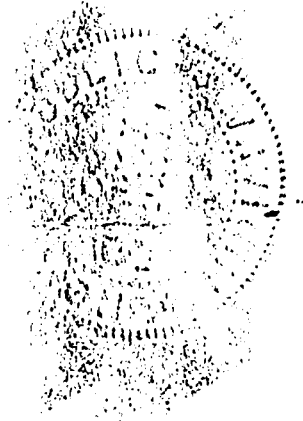
Before me, a Notary Public in and for said County and State, personally appeared Joan F. Glinski, who acknowledged the execution of the foregoing Sworn Statement and Notice of Intention to Hold Hospital Lien, and who, having been duly sworn, under the penalties of perjury, stated that the facts and matters 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