

SWORN STATEMENT AND
NOTICE OF INTENTION TO
HOLD HOSPITAL LIEN

926562

July 1st, 1987

TO: Jeffrey Wheeler
ADDRESS: 3848 177th 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 46324

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 May 19th, 1987 and discharged from the hospital on Recurring Treatment, 19 . Acct. # 3523602 & #3513488
2. The amount due for hospital care during the above time period is Four Thousand Six Hundred Thirty Three Dollars and 18/100 Dollars (\$ 4,633.18).
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) State Farm Insurance Claim # 14-5430179 Adj. John Hearn
905 West Glen Park, Griffith, IN 46319
 - (b) Attorney Gregory Nicosia and Assoc.
9228 Indianapolis Blvd. Highland, IN 46322
 - (c) Department of Insurance
509 State Office Bldg., Indianapolis, IN 46204

JOSEPH MIKA
Chief Deputy
Recorder
JUL 7 12 29 PM '87
STATE OFFICE OF RECORDER
FILED FOR RECORDED

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)

SS:

County of Lake)

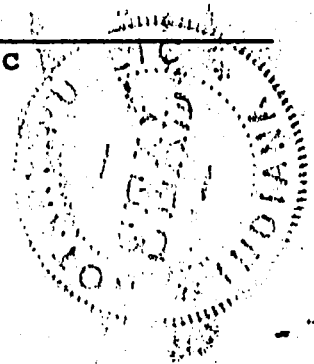
Before me, a Notary Public in and for said County and State, personally appeared Joan F. Glinski, who acknowledged the execution of the foregoing Sworn Statement and Notice of Intention to Hold Hospital Lien, and who, having been duly sworn, under the penalties of perjury, stated that the facts and matters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

Witness my hand and Notarial Seal this 1st day of July, 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