

939052

SWORN STATEMENT AND
NOTICE OF INTENTION TO
HOLD HOSPITAL LIEN

September 15th, 1987

TO: Sheridan Cox

ADDRESS: 4863 Baring East Chicago, IN 46312

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

901 Mac Arthur 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 August 15, 1987 and discharged from the hospital on August 30, 1987.
2. The amount due for hospital care during the above time period is Eight Thousand Six Hundred Six Dollars and 42/100 Dollars (\$ 8,606.42).
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 Adjustor Arlene Clm#14-5434-963
905 West. Glen Park Avenue Griffith, IN 46319
 - (b) Department of Insurance
509 State Office Bldg., Indianapolis, IN 46204
 - (c) _____

WILLIAM BLASTICK
 L.C. RECORDER
 STATE OF INDIANA, S.S. NO.
 LAKE COUNTY
 FILED FOR RECORD
 SEP 18 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

550

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 15th day of September 19 87.

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