

SWORN STATEMENT AND
NOTICE OF INTENTION TO
HOLD HOSPITAL LIEN

939057

September 15th, 19 87

TO: Patient: Michael Covington (minor) Jerry Covington

ADDRESS: 214 West 5th Street Rochester IN 46975

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 16th, 1987 and discharged from the hospital on September 2nd, 1987.
2. The amount due for hospital care during the above time period is Thirteen Thousand Seven Hundred Twenty Three and 02/100 Dollars (\$ 13,723.02).
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 Clm: 14-22-395-39 Insured: Robert Keene
118 West Edison Road PO Box 5049 Mishawaka, IN 46545
- (b) Department of Insurance
509 State Office Bldg., Indianapolis IN 46204
- (c) _____

WILLIAM BLASTICK
RECORDER
LAKE COUNTY
STATE OF INDIANA
FILED FOR RECORD
SEP 18 1987
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

2957

Hospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct.

970919

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 15th day of September, 1987.

My Commission Expires

8/7/90

Signature

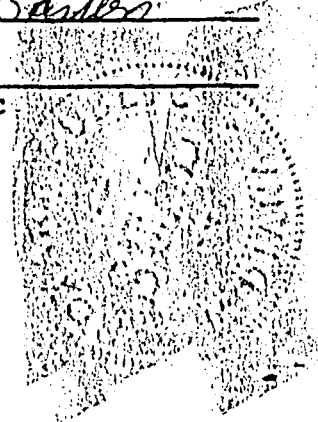
Jimmy N. Barton

Printed

Jimmy N. Barton

Notary Public

Residing in Lake County, Indiana



This instrument was prepared by Joan F. Glinski