

SWORN STATEMENT AND
NOTICE OF INTENTION TO
HOLD HOSPITAL LIEN

952519

November 30th, 19 87

TO: Virgil Cole

ADDRESS: 7138 Parrish Avenue Hammond, IN 46320

You are hereby notified that The Munster Medical Research Foundation d/b/a
The Communtiy 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
November 7th, 19 87 and discharged from the hospital on
November 10th, 19 87.
- 2) The amount due for hospital care during the above time
period is Two Thousand Eight Hundred Nine Dollars and 45/100
Dollars (\$ 2,809.45).
- 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) C.E. Austin Company
9250 Columbia Avenue Munster, IN 46321
- (b) Department of Insurance
509 State Office Building, Indianapolis, IN 46204
- (c) _____

DECEMBER 2 12 47 PM '87
STATE OF INDIANA
CLERK OF SUPERIOR COURT
MUNSTER
JILLIAN BLASTOK
CLERK OF SUPERIOR COURT
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 Hospital Lien as described

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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 30th day of Nov., 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

