

952520

SWORN STATEMENT AND
NOTICE OF INTENTION TO
HOLD HOSPITAL LIEN

November 30, 1987

TO: Troy Brown, Minor Mark Brown (Parent)

ADDRESS: 7730 Mount Drive Merrillville, IN 46410

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 October 18th, 1987 and discharged from the hospital on October 18th, 1987. #3769833
- 2) The amount due for hospital care during the above time period is One Thousand Five Hundred Thirty Nine Dollars and no cents Dollars (\$ 1,539.00).
- 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) Hammond National Insurance Company
PO Box 607 Hammond, IN 46325
- (b) Department of Insurance
509 State Office Building, Indianapolis, IN 46204
- (c)

Dec 2 12 47 PM '87
WILLIAM BLASTICK
RECORDER

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.

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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

