

952523

SWORN STATEMENT AND
NOTICE OF INTENTION TO
HOLD HOSPITAL LIEN

November 30th, 19 87

TO: Karl Hausenfleck

ADDRESS: 6835 Huron Hammond, IN 46323

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 29th, 19 87 and discharged from the hospital on October 31st, 19 87. #3789492

2) The amount due for hospital care during the above time period is One Thousand Five Hundred Seventy Six Dollars and 50/100 Dollars (\$ 1,576.50).

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 Clm: 055515107 Agent: Carol Barr
905 West Glen Park Griffith, IN 46319

(b) Department of Insurance
509 State Office Building, Indianapolis, IN 46204

(c) _____

FILED FOR RECORD
MILLIAN BLASTICK
STATE OF INDIANA
COUNTY RECORDER
Dec 2 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 Hospital Lien as described

5-58

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:

Befor 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., 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

