

952527

SWORN STATEMENT AND  
NOTICE OF INTENTION TO  
HOLD HOSPITAL LIEN

November 30th, 19 87

TO: Richard Paulson

ADDRESS: 9618 Crestwood Munster, IN 46321

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 September 28th, 19 87 and discharged from the hospital on October 27th, 19 87.
- 2) The amount due for hospital care during the above time period is Nine Hundred Sixty One Dollars and no cents Dollars (\$ 961.00 ).
- 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) Allstate Clm: 221-0004-7524  
9131 Broadway Merrillville, IN 46410
- (b) Department of Insurance  
509 State Office Building, Indianapolis, IN 46204
- (c) \_\_\_\_\_

**WILLIAM BLASTICK**  
CLERK OF SUPERIOR COURT  
STATE OF INDIANA  
FILED FOR RECORD  
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

RS

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:

Befoꝛ 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

