

952529

SWORN STATEMENT AND
NOTICE OF INTENTION TO
HOLD HOSPITAL LIEN

November 30th, 19 87

TO: Lori Walters(Patient) William Walters (Parent)

ADDRESS: 6632 Madison Hammond, IN 46324

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 1st, 19 87 and discharged from the hospital on November 3rd, 19 87.

2) The amount due for hospital care during the above time period is One Thousand Eight Hundred Ninety Five Dollars and 40/100 Dollars (\$ 1,895.40).

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
9131 Broadway Merrillville, IN 46410
- (b) Department of Insurance
509 State Office Building, Indianapolis, IN 46204
- (c) _____

WILLIAM BLASTIK
L. BATE RECORDER
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

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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:

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 November 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

