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SWORN STATEMENT AND
NOTICE OF INTENTION TO
HOLD HOSPITAL LIEN

December 9th, 1987

TO: Irene Lewandowski

ADDRESS: 1246 170th Street Hammond, IN 46324

You are hereby notified that The Munster Medical Research Foundation d/b/a The Community Hospital (hereinafter called "Claimant") whose address is

901 Mac Arthur 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 17th, 1987 and discharged from the hospital on September 19th, 1987. Acct. #3713872
2. The amount due for hospital care during the above time period is One Thousand Seven Hundred Seventy Five Dollars and 15/100 Dollars (\$ 1,775.15).
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) Aetna Life & Casualty Suite 305
PO Box 1595 1 Michiana 100 East Wayne South Bend, IN 46683
 - (b) Atty: Gregory Nicosia and Associates
9228 Indianapolis Blvd. Highland, IN 46322
 - (c) Department of Insurance
509 State Office Building, Indianapolis, IN 46204

REC'D
JAN BLASTICK
CLERK
DEC 11 12 PM '87
OFFICE OF 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

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Hospital Lien as described 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 9th day of December, 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