

954386

SWORN STATEMENT AND
NOTICE OF INTENTION TO
HOLD HOSPITAL LIEN

December 9th, 19 87

TO: Charles Black

ADDRESS: 3750 Ridge Road #2D Highland, IN 46322

You are hereby notified that The Munster Medical Research Foundation d/b/a The Community 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 2nd, 1987 and discharged from the hospital on November 2nd, 1987.
2. The amount due for hospital care during the above time period is Three Hundred Fifty Nine Dollars and no cents Dollars (\$ 359.00).
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) David H. Nicholls Attorney at Law
117 1/2 West Joliet Street, Crown Point, IN 46307
- (b) General Accident Insurance # 16A94915AC Adj. Kate
PO Box 40680 Insured: John Ruiz Indianapolis, IN 46240
- (c) Department of Insurance
509 State Office Building, Indianapolis, IN 46204

Dec 14 1 12 PM '87
FILED FOR RECORD
MILLIAN BLASTICK
CLERK
CLAY COUNTY 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

525

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