

**SAIN'T  
MARGARET  
HOSPITAL  
OF HAMMOND**

954396

SWORN STATEMENT AND NOTICE OF INTENTION TO  
HOLD HOSPITAL LIEN

November 16, 1987

TO: Atty. Terry Rubino Anthony Salamone  
5500 Hohman Avenue Suite 2D 44 Elizabeth  
Hammond, Ind. 46320 Hammond, Ind. 46320

You are hereby notified that Saint Margaret Hospital (hereinafter called "CLAIMANT") whose address is 5412 Hohman Avenue, Hammond, Indiana, 46320, 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 April 16, 1986, and discharged from the hospital on 04-18-, 1986.
2. The amount due for hospital care during the above time period is Eight Hundred Eight and seventy cents Dollars (\$ \$ 880.70 ).

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:
 

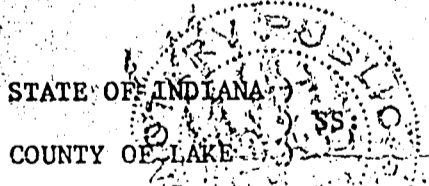
(a) <u>Atty. Terry Rubino</u>	14 1 13 PM '87
<u>5500 Hohman Ave. Suite 2D Hammond, Ind. 46320</u>	STATE OF INDIANA LAKE COUNTY FILED BY
(b) <u>Anthon y Salamone</u>	14 1 13 PM '87
<u>44 Elizabeth Hammond, Ind. 46320</u>	STATE OF INDIANA LAKE COUNTY FILED BY
(c) _____	

**MILIAN BLASTICK  
L.C. RECORDER**

This lien is being filed pursuant to the Hospital Lien Law, I.C. 32-8-26 in the Office of the Recorder of Lake County in which the Claimant is located, within ninety (90) days after the patient was discharged from the hospital. The undersigned Claimant intends to hold a Hospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct.

*Prepared by*  
Romaine Gormack

Romaine Gormack  
(Signature)  
ROMAINE GORMACK  
(Printed)



Before me, a Notary Public in and for said County and State, personally appeared Romaine Gormack, 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 16th day of November, 1987.  
 My Commission Expires 1-15-91  
 Signature Debra M. Reagan  
 Printed Debra M. Reagan  
 Notary Public

Residing in Lake County, Indiana

DEBRA M. REAGAN, NOTARY PUBLIC  
LAKE COUNTY, INDIANA  
My Commission Expires 6/15/91

*H/LL*