

990259

SWORN STATEMENT AND  
NOTICE OF INTENTION TO  
HOLD HOSPITAL LIEN

August 2nd, 19 88

TO: Franklin Geib

ADDRESS: 2150 Tanglewood Apt 3B Hammond, IN 46320

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 June 22nd, 19 88 and discharged from the hospital on June 24th, 19 88 #4371688

2. The amount due for hospital care during the above time period is One Thousand Nine Hundred Seventy One Dollars and 30/100 Dollars (\$ 1971.30 ).

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) William Thompson Co. Att: Mrs Jakish Aetna Insurance  
11422 So Western Chicago, ILL 60643

(b)

(c) cc: Department of Insurance  
509 Office Building Indianapolis, IN 46204

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

LILLIAN A. BLASTICK  
RECORDER OF LAKE COUNTY  
CROWN POINT, INDIANA 46507  
Aug 3 11 32 AM '88

279