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SWORN STATEMENT AND
NOTICE OF INTENTION TO
HOLD HOSPITAL LIEN

August 2nd, 1988

TO: Christina Brammer

ADDRESS: 402 N. Jay Street Griffith, IN 46319

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 July 7th, 1988 and discharged from the hospital on July 7th, 1988.

2. The amount due for hospital care during the above time period is Three Hundred Seventy Six Dollars and no cents Dollars (\$376.00).

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) Farmers Insurance Clm.# G377791
PO Box 6100 237 Edison South Bend, IN 46660

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

(c)

LILIAN A. PLASTICK
RECORDER, LAKE COUNTY
CROWN POINT, INDIANA 46307
AUG 3 11 32 AM '88
FILED FOR RECORD

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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