

094497

**SWORN STATEMENT AND
NOTICE OF INTENTION TO
HOLD HOSPITAL LIEN**

April 2, 19 90

TO: Joseph Fabian

ADDRESS: 3343 Eder St Highland IN 46322

You are hereby notified that The Munster Medical Research Foundation d/b/a The Community Hospital (herein 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 March 14, 19 90 and discharged from the hospital March 17, 19 90.

2. The amount due for hospital care during the above time period is Five Thousand One Hundred Fourteen and 35/100.

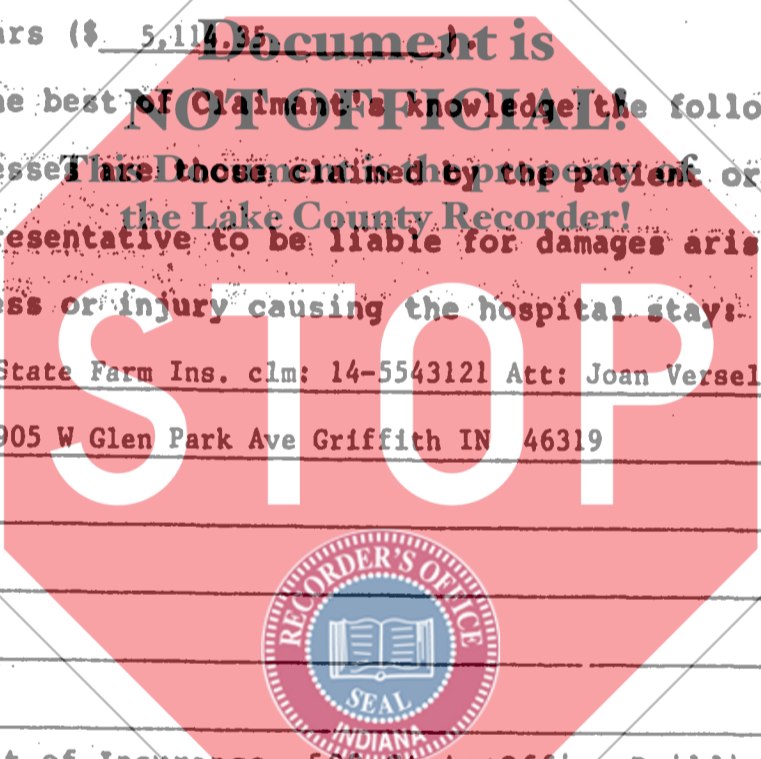
Dollars (\$ 5,114.35).

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) State Farm Ins. c/m: 14-5543121 Att: Joan Versel
905 W Glen Park Ave Griffith IN 46319

(b)

(c)



APR 10 8 58 AM '90
ROBERT JOSE FRELAND
RECORDER

STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED

cc: Department of Insurance, 509 State Office Building, 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 Hospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct.

Deborah J Chiaro
(Signature)

Deborah J Chiaro
(Printed)

State of Indiana)
County of Lake)

SS:

J. G. C.

Before me, a Notary Public, in and for said County and State, personally appeared Deborah J. Chiaro, 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 6th day of April, 19 90

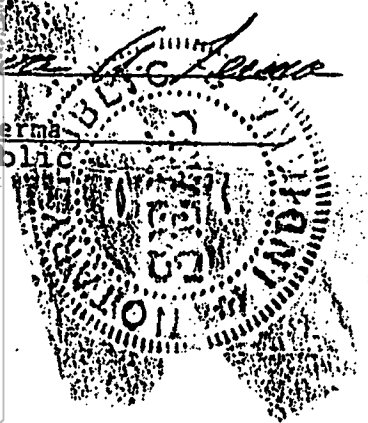
My Commission expires 12/11/92

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

Signature [Signature]
Printed Minerva A. Lerma
Notary Public

Residing in Lake County, Indiana



This instrument was prepared by Deborah J. Chiaro

