

094439

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

April 2, 19 90

TO: Evelyn Elish

ADDRESS: 6735 Kansas Ave Hammond, IN 46323

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 February 28, 19 90 and discharged from the hospital March 29, 19 90.

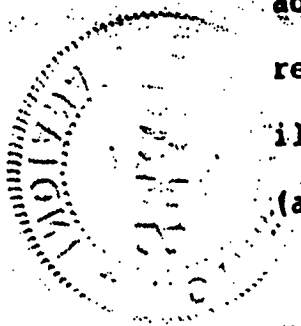
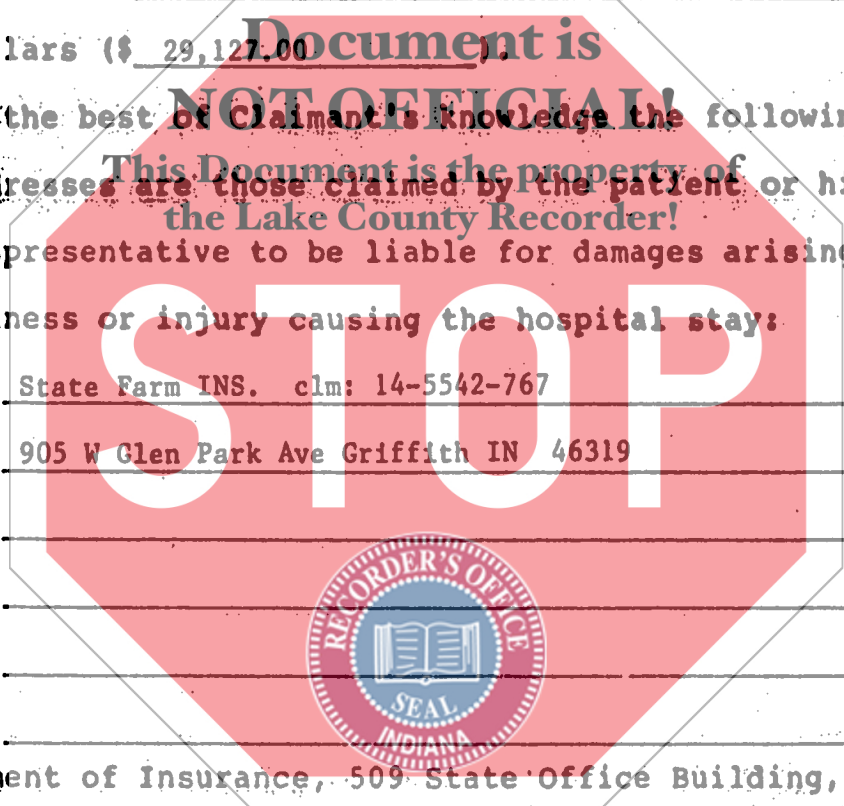
2. The amount due for hospital care during the above time period is Twenty Nine Thousand One Hundred Twenty Seven and 00/100 Dollars (\$ 29,127.00).

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) State Farm INS. c/m: 14-5542-767
905 W Glen Park Ave Griffith IN 46319

(b)

(c)



APR 10 8 58 AM '90
ROBERT BOG FRIELAND
RECORDER

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

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:

550
02

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 21st 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. Lerna
Notary Public

Residing in Lake County, Indiana

This instrument was prepared by Deborah J Chiaro

