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

April 2, 1990

TO: Martha Martin

ADDRESS: 209 W 67th Ave Schererville, IN 46375

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 19, 1990 and discharged from the hospital March 26, 1990.

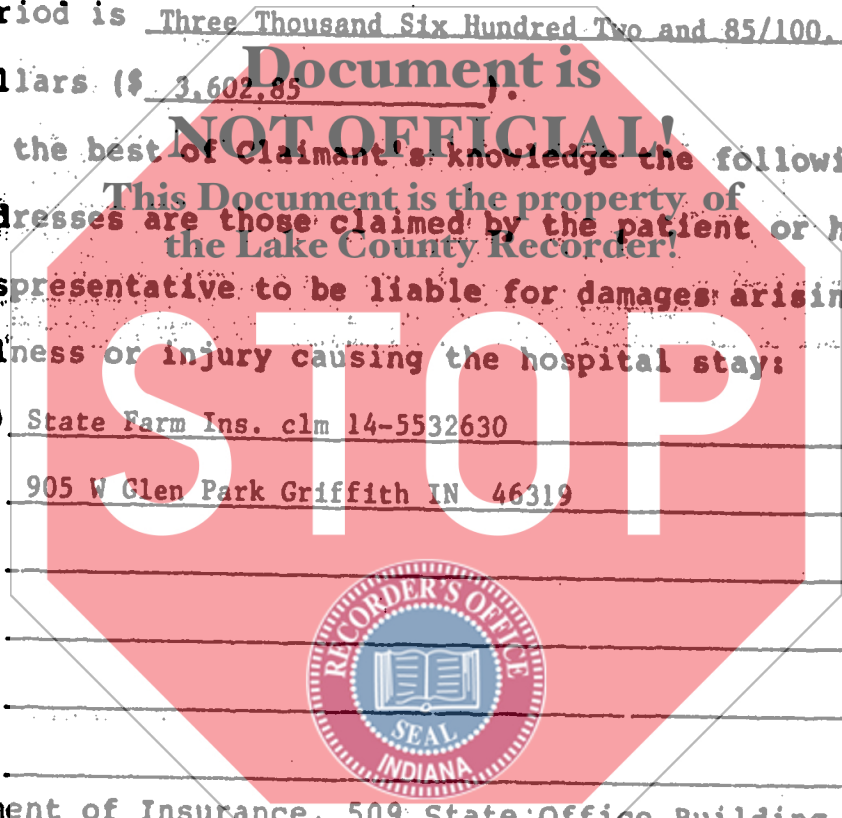
2. The amount due for hospital care during the above time period is Three Thousand Six Hundred Two and 85/100 Dollars (\$ 3,602.85).

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 14-5532630
905 W Glen Park Griffith IN 46319

(b)

(c)



APR 10 8 58 AM '90
ROBERT BOULFRED
RECORDER

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

cc: Department of Insurance, 509 State Office Building, IN

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:

5-50
ck

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 14th day of April, 19 90

This Document is the property of
My Commission expires 12/11/92 Signature Minerva A. Lerma
the Lake County Recorder

Residing in Lake County, Indiana
Printed Minerva A. Lerma
Notary Public

This instrument was prepared by Deborah J Chiaro

