

097010

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

April 17, 19 90

TO: Troy Stewart (Linda Stewart Patient)

ADDRESS: 2377 Stevenson St Gary IN 46406

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 29, 19 90 and discharged from the hospital April 2, 19 90.

2. The amount due for hospital care during the above time period is Two Thousand Eight Hundred Thirty Nine and 00/100 Dollars (\$ 2,839.00).

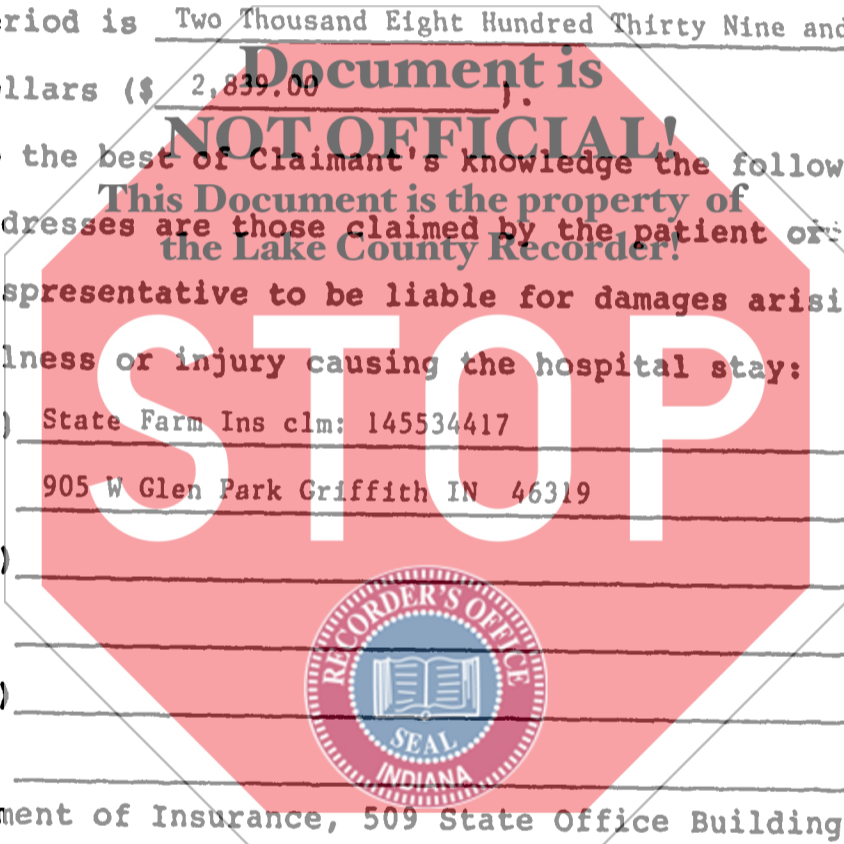
3. To the best of Claimant's knowledge the following names and addresses are those claimed by the patient or his legal representative to be liable for damages arising from the illness or injury causing the hospital stay:

(a) State Farm Ins c/m: 145534417

905 W Glen Park Griffith IN 46319

(b)

(c)



APR 25 9 32 AM '90  
STATE OF INDIANA  
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:

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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 17<sup>th</sup> day of April, 1990

My Commission expires 10/22/93  
Signature: Sandra Crytzer

Printed Sandra Crytzer  
Notary Public

Residing in Lake County, Indiana

This instrument was prepared by Deborah J Chiaro

