

SWORN STATEMENT AND  
NOTICE OF INTENTION TO  
HOLD HOSPITAL LIEN

097011

April 16, \_\_\_\_\_, 19 90

TO: Roberto Gutierrez (Patient Michael Gutierrez)

ADDRESS: 1119 Woodhollow Dr 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 29, 19 90 and discharged from the hospital  
March 30, 19 90.

2. The amount due for hospital care during the above time period is One Thousand Four Hundred Eighteen and 81/100.

Dollars (\$ 1,418.81)

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 (clm. 145546558) Att: Doug  
905 W. Glen Park Griffith IN 46319

(b)

(c)



STATE OF INDIANA S.S. NO. \_\_\_\_\_  
FILED \_\_\_\_\_  
APR 29 9 32 AM '90  
LAKE COUNTY RECORDER'S OFFICE

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:

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

My Commission expires 10/22/93  
**Document is the signature of**  
Sandra Crytzer  
**the Lake County Recorder!**  
Printed Sandra Crytzer  
Notary Public

Residing in Lake County, Indiana

This instrument was prepared by Deborah J Chiaro

