

097012

SWORN STATEMENT AND  
NOTICE OF INTENTION TO  
HOLD HOSPITAL LIEN

April 16, 19 90

TO: Shawn Hofferth

ADDRESS: 6722 Illinois St Hammond IN 46324

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:

- The patient was admitted to the hospital on March 28, 19 90 and discharged from the hospital April 4, 19 90.

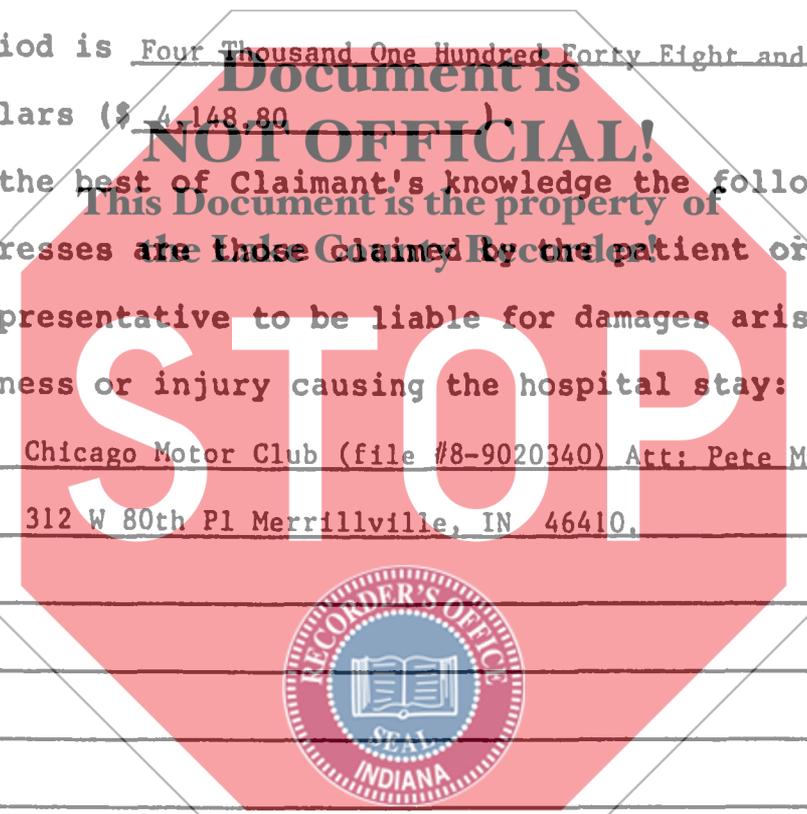
- The amount due for hospital care during the above time period is Four Thousand One Hundred Forty Eight and 80/100 Dollars (\$ 4,148.80).

- 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) Chicago Motor Club (file #8-9020340) Att: Pete Miller  
312 W 80th Pl Merrillville, IN 46410.

(b) \_\_\_\_\_

(c) \_\_\_\_\_



STATE OF INDIANA/S. NO. \_\_\_\_\_  
FILED \_\_\_\_\_  
APR 25 9 25 AM '90  
RECORDER'S OFFICE  
LAKE COUNTY, INDIANA

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

**Document is NOT OFFICIAL!**  
This Document is the property of the Lake County Recorder  
Signature Sandra Crytzer

My Commission expires 10/22/93 Printed Sandra Crytzer  
Notary Public

Residing in Lake County, Indiana

This instrument was prepared by Deborah J Chiaro

