

101292

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

May 8, 19 90

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 April 25, 19 90 and discharged from the hospital April 28, 19 90.

- 2. The amount due for hospital care during the above time period is One Thousand Seven Hundred Nine and 70/100

Dollars (\$ 1709.70).

- 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 145532630 Att: Denise Montgomery  
16 W 84th Dr. P.O. Box 13000 Merrillville, IN 46411

(b)

(c)

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.

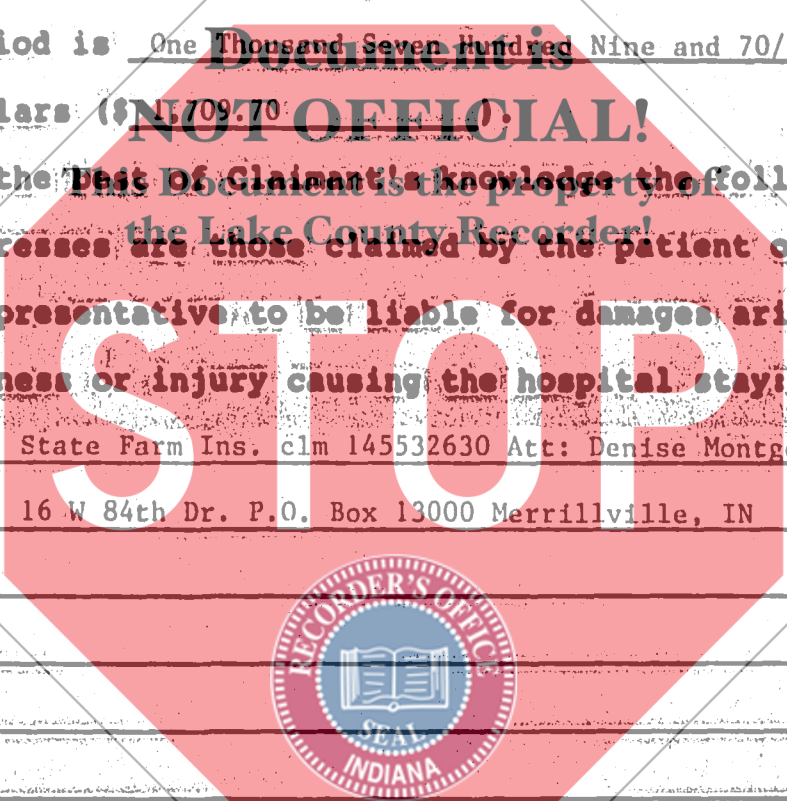
Deborah J. Chiaro  
(Signature)

Deborah J. Chiaro  
(Printed)

State of Indiana )

County of Lake )

SS:



STATE OF INDIANA/S.S. NO. \_\_\_\_\_  
 LAKE COUNTY  
 FILED FOR RECORD  
 MAY 21 9 23 AM '90  
 RECORDER

Handwritten initials/signature in the bottom right corner.

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 11th day of May, 1990

My Commission expires 10/22/93 **NOT OFFICIAL!** This Document is the property of the Lake County Recorder! Signature: Sandra Crytzer Printed Sandra Crytzer Notary Public

Residing in Lake County, Indiana

This instrument was prepared by Deborah J Chiaro

