

139733

SWORN STATEMENT AND
NOTICE OF INTENTION TO
HOLD HOSPITAL LIEN

December 17th, 1990

TO: Wayne Matoy

ADDRESS: 144 Cypress Drive Schererville, Indiana 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 November 28th, 1990 and discharged from the hospital

November 30th, 1990.

2. The amount due for hospital care during the above time period is One Thousand Seven Hundred Five and 30/100

Dollars (\$1,750.30).

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 Insurance
905 W. Glen Park, Griffith, Indiana 46319

(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.

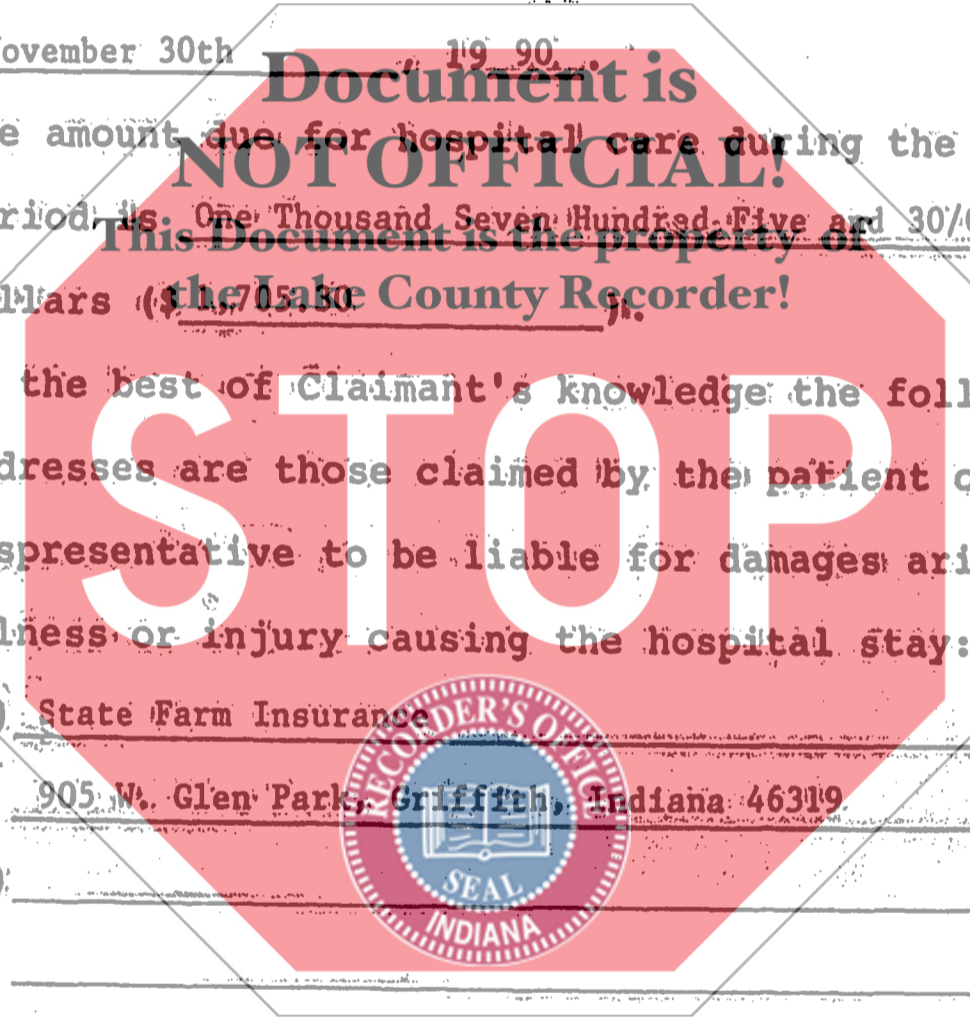
Judith Wolfe
(Signature)

Judith Wolfe
(Printed)

State of Indiana)

County of Lake)

SS:



STATE OF INDIANA
LAKE COUNTY
RECORDER'S OFFICE
DEC 19 10 00 AM '90
ROBERT REYNOLDS

Before me, a Notary Public in and for said County and State,
personally appeared Judith Wolfe, 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 17th day of December, 1990

My Commission expires 10/23/93
This Document is the property of Elizabeth Strempla
the Lake County Recorder!
Printed: Elizabeth Strempla
Notary Public

Residing in Lake County, Indiana

This instrument was prepared by Judith Wolfe

