

91020640

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

April 22nd, 1991

TO: James Misch

ADDRESS: 1325 Oriole Drive, Munster, Indiana 46321

You are hereby notified that The Munster Medical Research Foundation d/b/a The Community Hospital (herein called "Claimant") whose address is 7801 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 6th, 1991 and discharged from the hospital April 7th, 1991.

2. The amount due for hospital care during the above time period is Two Thousand Nine Hundred Ninety Four and Sixty/100

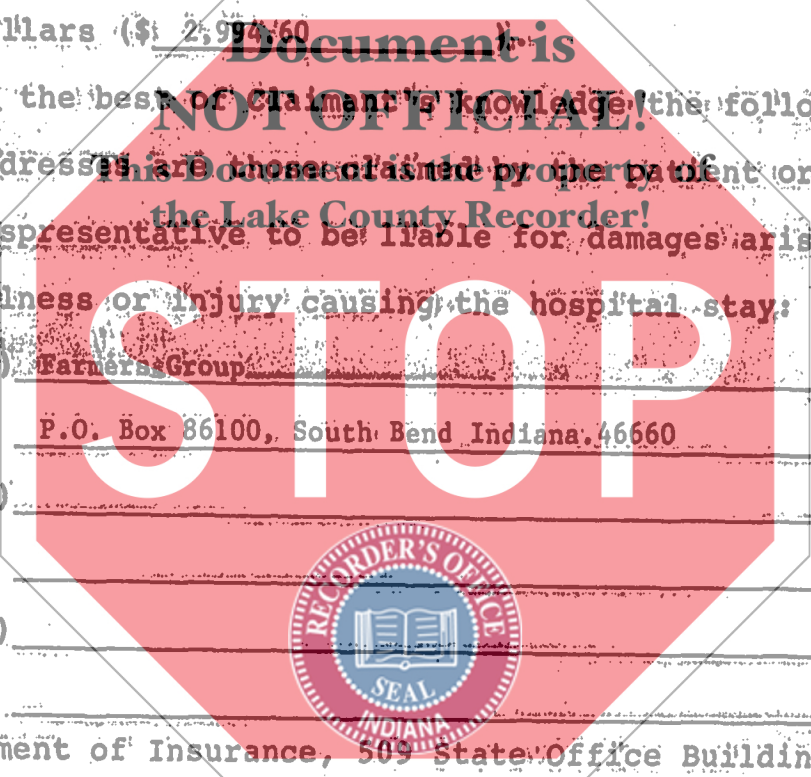
Dollars (\$ 2,994.60)

3. To the best of Claimant's knowledge, the following names and addresses and 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) Farmers Group
P.O. Box 86100, South Bend Indiana 46660

(b)

(c)



STATE OF INDIANA/S.S.NO.
LAKE COUNTY
FILED
MAY 1 8 52 AM '91
ROBERT W. BELAND
RECORDER

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, Collection Clerk
(Signature)

Judith Wolfe, Collection Clerk
(Printed)

State of Indiana
County of Lake

SS:

800

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.

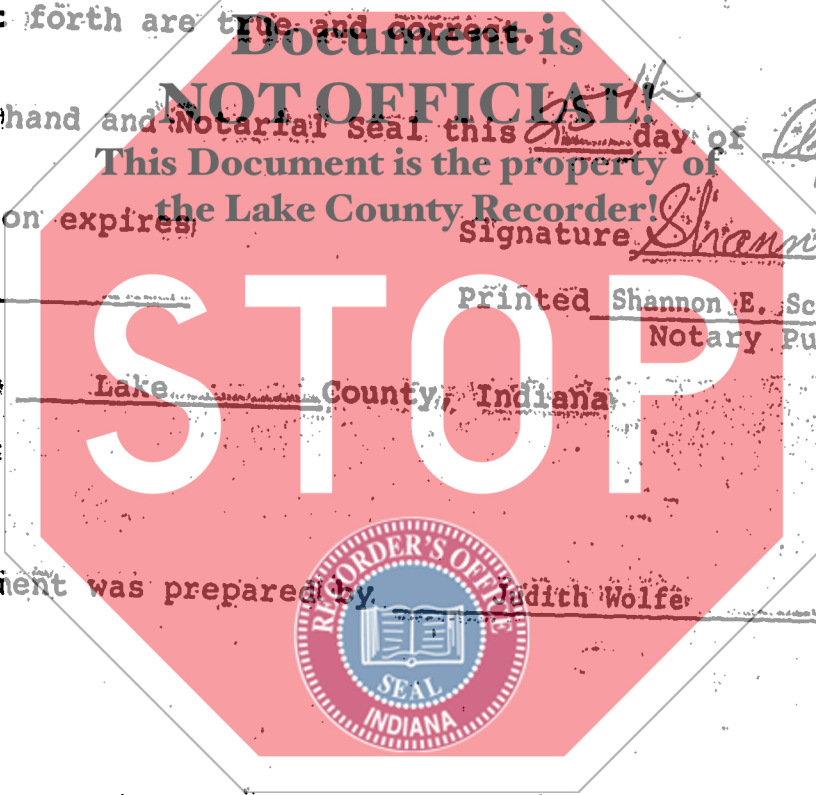
Witness my hand and Notarial Seal, this 15th day of April, 19 91.

My Commission expires

11/08/91

Residing in Lake County, Indiana

This instrument was prepared by Judith Wolfe



Signature

Shannon E. Schmal

Printed Shannon E. Schmal

Notary Public

