

91020642

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

April 22nd, 1991

TO: Kyriaki Koliavas

ADDRESS: 43 Detroit Street, Hammond, Indiana 46320

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 April 13th, 1991 and discharged from the hospital April 14th, 1991.

- The amount due for hospital care during the above time period is One Thousand Three Hundred Ninety Nine and 05/100

Dollars: (\$ 1,369.05)

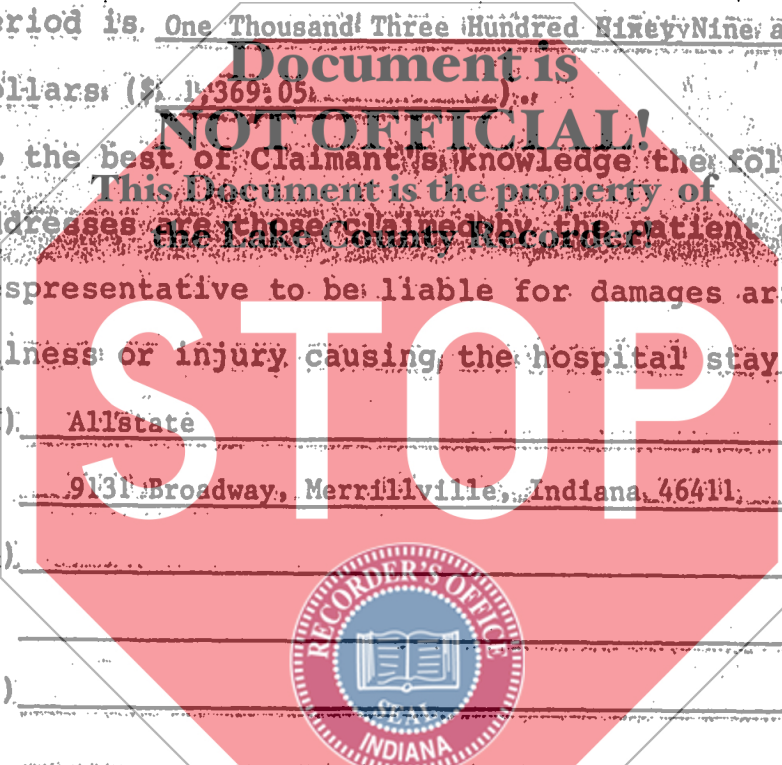
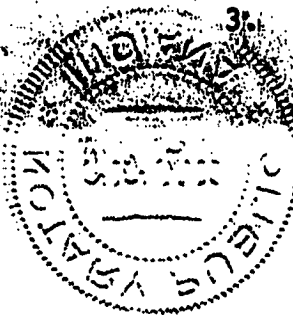
- To the best of Claimant's knowledge the following names and addresses are those claimed by the patient or his legal representative to be liable for damages arising from the illness or injury causing the hospital stay:

(a) Allstate

9131 Broadway, Merrillville, Indiana 46411

(b)

(c)



STATE OF INDIANA, S.S. NO. \_\_\_\_\_  
 LAKE COUNTY  
 FILED \_\_\_\_\_  
 MAY 0 5 21 AM '91  
 ROBERT E. GIBSON  
 RECORDER AND

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*

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 25<sup>th</sup> day of April, 1991

My Commission expires  
11/08/91

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

Signature: Shannon E. Schmal

Printed: Shannon E. Schmal  
Notary Public

Residing in Lake County, Indiana

This instrument was prepared by Judith Wolfe

