

91022063

SWORN STATEMENT AND  
NOTICE OF INTENTION TO  
HOLD HOSPITAL LIEN

May 3rd, 1991

TO: Charles Malinski #6278535

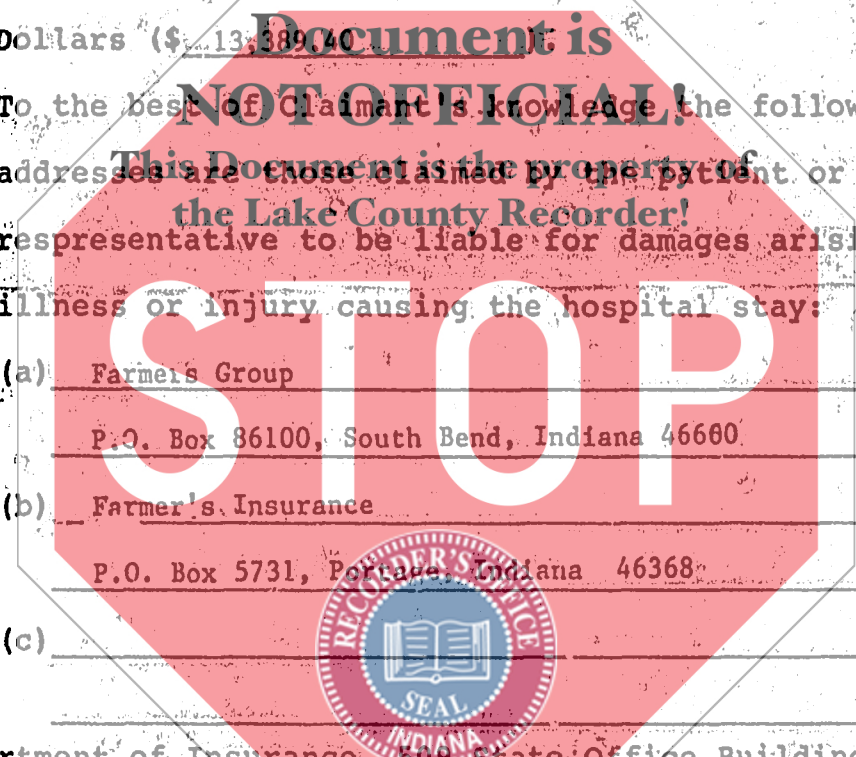
ADDRESS: 7914 Glenwood, Highland, Indiana 46322

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 6th, 1991 and discharged from the hospital April 17th, 1991.
- The amount due for hospital care during the above time period is Thirteen Thousand Three Hundred Eighty Nine Dollars and 40/100 Dollars (\$13,389.40)

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) Farmers Group  
P.O. Box 86100, South Bend, Indiana 46680
- (b) Farmer's Insurance  
P.O. Box 5731, Portage, Indiana 46368
- (c) \_\_\_\_\_



STATE OF INDIANA/S.S. NO. \_\_\_\_\_  
LAKE COUNTY  
FILED FOR RECORD  
MAY 9 2 11 PM '91  
ROBERT H. FETLAND  
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 3rd day of May, 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

