

SWORN STATEMENT AND
NOTICE OF INTENTION TO
HOLD HOSPITAL LIEN

91023257

May 9th, 19 91

TO: Morris Livengood

ADDRESS: 2601 Hart Road 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 20th, 19 91 and discharged from the hospital April 26th, 19 91.

- The amount due for hospital care during the above time period is Four Thousand Five Hundred Thirty Seven and 55/100 Dollars (\$ 4,537.55).

- 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:

- Farmers Insurance Group 43-86801
South Bend Branch P.O. Box 6100, South Bend, Indiana
- State Farm Insurance 561 5687 601 14C
905 W Glen Park Ave, Griffith, Indiana 46319
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cc: Department of Insurance, 509 State Office Building, IN 46204

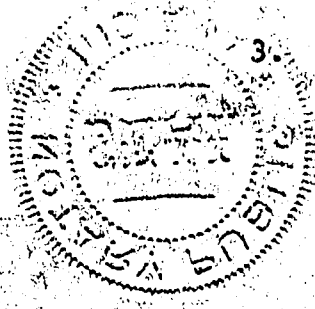
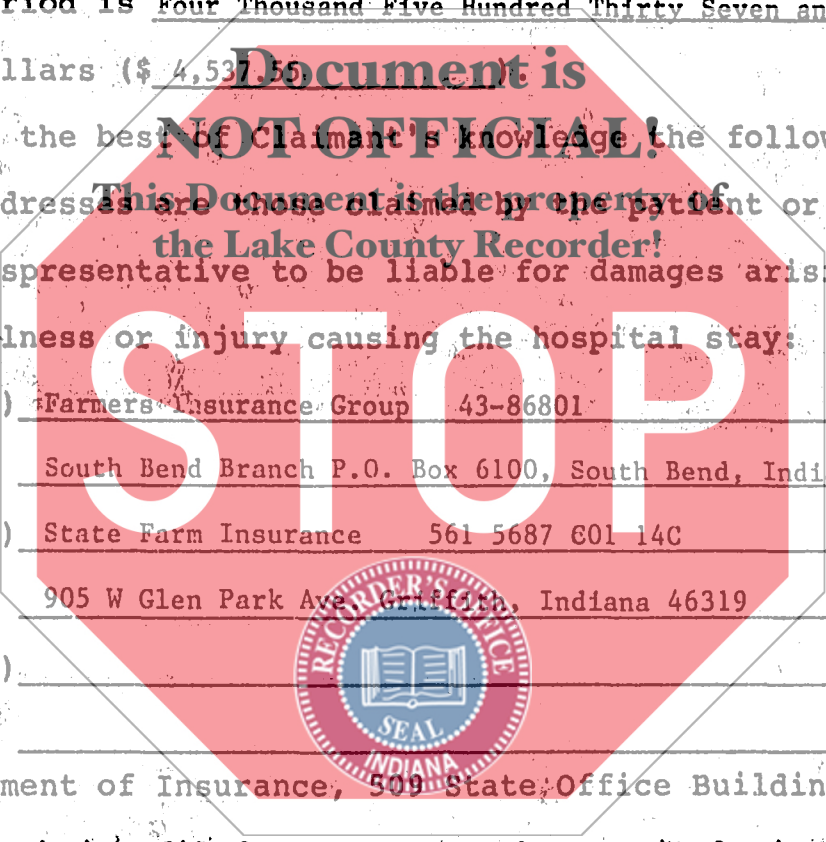
This lien is being filed pursuant to the Hospital Lien Law, I.C. 32-8-26 in the Office of the Recorder of the County in which the Claimant is located, within ninety (90) days after the patient was discharged from the hospital. The undersigned individual executing this instrument, having been duly sworn 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:



STATE OF INDIANA/S.S. NO. _____
LAKE COUNTY
FILED
MAY 16 9 13 AM '91
ROBERT RECORDER
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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 9th day of May, 1991

This Document is the property of Shannon E. Schmal
My Commission expires 11/08/91 the Lake County Recorder
Printed Shannon E. Schmal
Notary Public

Residing in Lake County, Indiana

This instrument was prepared by Judith Wolfe

