

91024702

SWORN STATEMENT AND
NOTICE OF INTENTION TO
HOLD HOSPITAL LIEN

The Community Hospital
901 MacArthur Blvd.
Munster, Ind 46321

May 17th, 1991

TO: Catherine Comforti (6339782)

ADDRESS: 1211 170th Street, Hammond, Indiana 46324

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 May 5th, 1991 and discharged from the hospital May 5th, 1991.

- The amount due for hospital care during the above time period is One Thousand Six Hundred Sixty Three and 75/100

Dollars (\$1,663.75)

- 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) Farm Bureau

9011 Indianapolis Boulevard, Highland, Indiana 46322

(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, Collection Clerk
(Signature)

Judith Wolfe, Collection Clerk

(Printed)

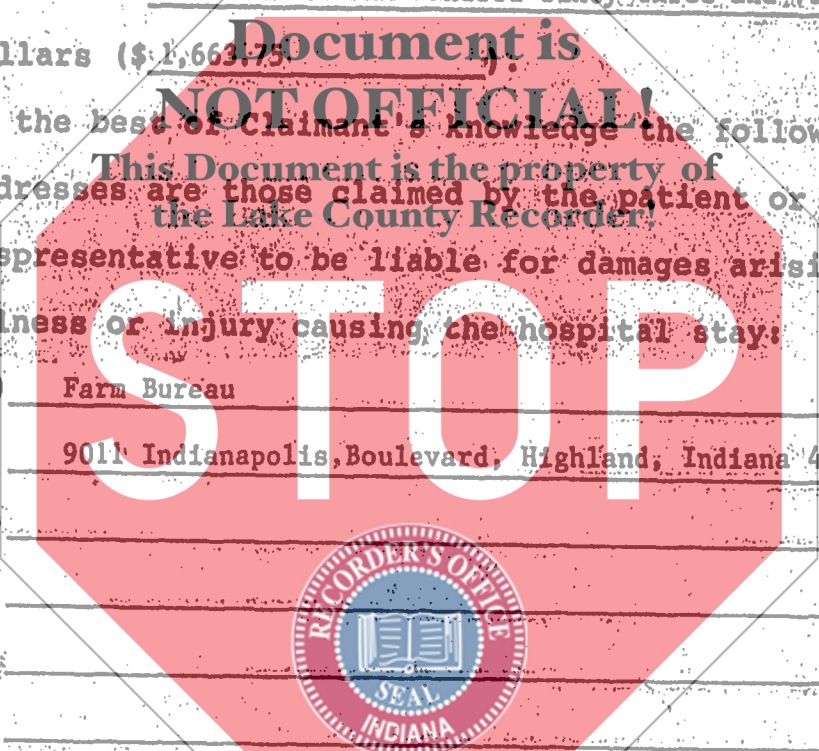
State of Indiana)

County of Lake)

SS:



STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED
MAY 23 8 58 AM '91
ROBERT J. JOHNSON
RECORDER



8.00

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 March 1999

My Commission expires 11/08/91 **NOT OFFICIAL!** This Document is the property of the Lake County Recorder. Signatures: *Shannon E. Schmal*

Printed Shannon E. Schmal
Notary Public

Residing in Lake County, Indiana

This instrument was prepared by Judith Wolfe

