

91026733

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

May 22nd _____, 19 91

TO: John Flores (6357149)

ADDRESS: 3729 Fir Street, East Chicago, Indiana 46312

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 12th, 1991 and discharged from the hospital May 16th, 1991.
- The amount due for hospital care during the above time period is Four Thousand Nine Hundred Twenty Four Dollars and 00/00 Dollars (\$ 4,924.00)

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
P.O. Box 10249, Merrillville, Indiana 46411

(b)

(c)



STATE OF INDIANA/S.S.ND
LAKE COUNTY
FILED FOR RECORD

Jun 3 9 19 AM '91
ROBERT (BOB) FREELAND
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:

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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 28th day of March

My Commission expires 11/08/91
the Lake County Recorder. Signature: Shannon E. Schma

Printed Shannon E. Schma
Notary Public

Residing in Lake County, Indiana

This instrument was prepared by Judith Wolfe

