

91027658

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

May 30th, 1991

TO: Andria Burger

ADDRESS: 8414 Schreiber Drive, Munster, Indiana 46321

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:

1. The patient was admitted to the hospital on May 21st, 1991 and discharged from the hospital May 25th, 1991.

2. The amount due for hospital care during the above time period is One Thousand Eight Hundred Seventy Dollars and 30/100 Dollars (\$1,870.30).

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) Windsor Insurance (Cln. 505775)
P.O. Box 105091, Atlanta, Georgia 30348
- (b) State Farm Insurance (Steven Stiglitz)
905 W. Glen Park, Griffith, Indiana 46319
- (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.

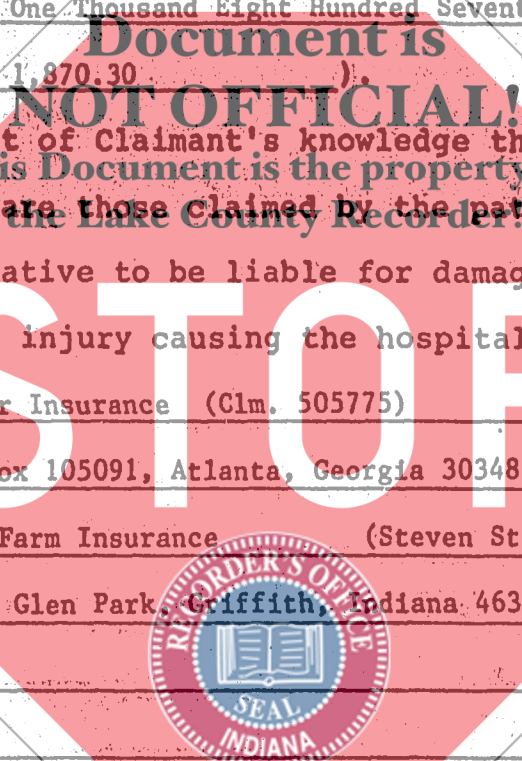
Judith Wolfe Collection Clerk

Judith Wolfe, Collection Clerk
(Printed)

State of Indiana)

County of Lake)

SS:



JUN 6 9 32 AM '91
ROBERT (BOB) FREELAND
RECORDER

STATE OF INDIANA/S.S.N.D.
LAKE COUNTY
FILED FOR RECORD

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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 30th day of May, 1991

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

My Commission expires

Signature

11/08/91

Printed Shannon E. Schmalz
Notary Public

Residing in Lake County, Indiana

This instrument was prepared by Judith Wolfe

