

92001656

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Curtis Luna

Patient: Curtis Luna  
230 Bluegrass Drive,  
Schererville, Indiana 46375

Attorney: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Jan 9 1 27 PM '92

Recorder of Lake County, Indiana  
Lake County Government Center  
2293 North Main Street  
Crown Point, Indiana 46307

Indiana Department of Insurance  
509 State Office Building  
Indianapolis, Indiana 46204

You are hereby notified that The Munster Medical Research Foundation, d/b/a The Community Hospital 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 December 13th, 1991 and discharged from the hospital December 13th, 1991.
2. The amount Nine Hundred Eighty One and 75/100 Dollars (\$981.75) for the above time period is the property of the Lake County Recorder!
3. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the following named individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital stay:

IDS Property Casualty Ins. Company  
1400 Lombardi Avenue  
Green Bay, WI., 54304-3922

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 hospital is located, within one hundred eighty (180) 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.

STATE OF INDIANA)  
COUNTY OF LAKE ) SS:

Judith Wolfe, being the collection clerk for the above named The Community Hospital, being duly sworn upon his/her oath, says that the facts stated in the foregoing are true and correct.

Judith Wolfe, Collection Clerk

Subscribed and sworn to before me, a Notary Public, this 30th day of December, 1991.

My Commission Expires

11-8-95

Shannon E. Schmal  
Shannon E. Schmal, Notary Public  
A Resident of LAKE County

This instrument prepared by: Judith Wolfe

10/60