

5454 Hohman Ave
Ham 46320

SMH 1460
Rev. 6/89

SAINT MARGARET HOSPITAL AND HEALTH CENTERS

93013474

STATE OF INDIANA S.S. NO. FILED FOR RECORD
MAR 2 8:47 AM '92
SAMUEL GALLIGH
RECORDER

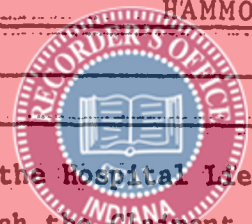
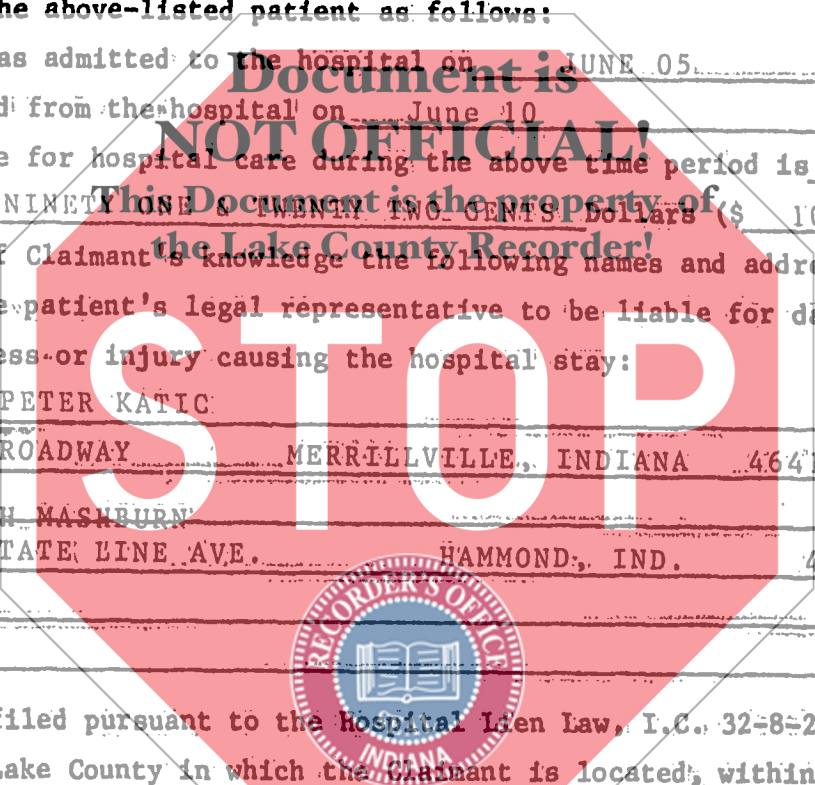
SWORN STATEMENT AND NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

OCTOBER 20 19 92

TO: ATTY. PETER KATIC KENNETH MASHBURN
ADDRESS: 8550 BROADWAY 4417 STATE LINE AVE.
MERRILLVILLE, INDIANA 46410 HAMMOND, IND. 46327

You are hereby notified that Saint Margaret Hospital and Health Centers (hereinafter called "CLAIMANT") whose address is 5454 Hohman Avenue, Hammond, Indiana, 46320, 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 JUNE 05, 1992, and discharged from the hospital on June 10, 1992.
2. The amount due for hospital care during the above time period is TEN THOUSAND SIX HUNDRED NINETY ONE & TWENTY TWO CENTS Dollars (\$ 10,691.22).
3. To the best of Claimant's knowledge the following names and addresses are those claimed by the patient's legal representative to be liable for damages arising from the illness or injury causing the hospital stay:
 - (a) ATTY. PETER KATIC
8550 BROADWAY MERRILLVILLE, INDIANA 46410
 - (b) KENNETH MASHBURN
4417 STATE LINE AVE. HAMMOND, IND. 46327
 - (c) _____



This lien is being filed pursuant to the Hospital Lien Law, I.C. 32-8-26 in the Office of the Recorder of Lake County in which the Claimant is located, within one-hundred eighty (180) days after the patient was discharged from the hospital. The undersigned 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.

#27552202-7

Romaine Simala
(Signature)

ROMAINE SIMALA
(Printed)

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared ROMAINE SIMALA, 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 21st day of OCTOBER, 19 92.

My Commission Expires C.J. RICHARDSON
NOTARY PUBLIC, # 267960
LAKE COUNTY, INDIANA

Signature: [Signature]
Printed: C.J. Richardson
Notary Public

Residing in Lake County, Indiana
This instrument was prepared by:

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