

93086064

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

TO: Birmingham, Sherri

Patient: Birmingham, Sherri  
6638 Monroe Ave.  
Hammond, IN 46324

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

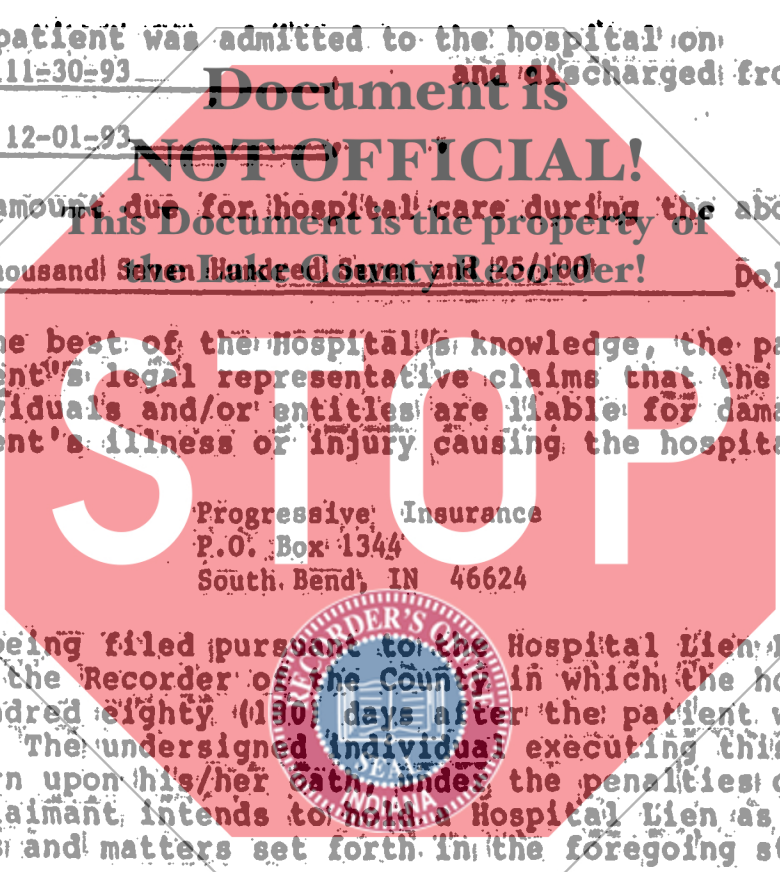
Recorder of Lake County, Indiana  
Lake County Government Center  
2293 North Main Street  
Crown Point, Indiana 46307

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

STATE OF INDIANA  
RECORDER OF DEEDS  
LAKELAND  
DEC 17 1993  
5:56 PM '93

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 11-30-93 and discharged from the hospital 12-01-93.
2. The amount due for hospital care during the above time period is One Thousand Seven Hundred Seventy and 25/100 Dollars (\$ 1,707.25 ).
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:



Progressive Insurance  
P.O. Box 1344  
South Bend, IN 46624

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:

Dawn Wesolowski, 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.

Dawn Wesolowski

Subscribed and sworn to before me, a Notary Public, this 17th day of December, 19 93.

My Commission Expires  
11-8-95

Shannon E. Schmal  
Shannon E. Schmal  
A Resident of Lake County, Indiana  
Notary Public

This instrument prepared by: Dawn Wesolowski

Loe  
6/26