

94006665

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

TO: Stenger, Michael

Patient: Stenger, Michael  
4781 Ralston Place  
Griffith, IN 46319

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

STATE OF INDIANA  
JAN 20 9 08 AM  
REC'D

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:

- The patient was admitted to the hospital on 12-25-93 and discharged from the hospital 12-27-93.
- The amount due for hospital care during the above time period is Two Thousand Seven Hundred Eighty and 95/100 Dollars (\$ 2,718.95).

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

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:

State Farm Insurance  
10740 Broadway  
Crown Point, IN 46307

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 21st day of January, 1994.

My Commission Expires 11-8-95

Shannon E. Schmal  
Shannon E. Schmal  
A Resident of Lake County

This instrument prepared by: Dawn Wesolowski

*for OK*