

94006666

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Duley, Pauline

Patient: Duley, Pauline

Attorney: _____

2925 Franklin Street

Highland, IN 46322

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 1-16-94 and discharged from the hospital recurring

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2. The amount due for hospital care during the above time period is Twenty Four Thousand Six Hundred Forty One and 98/100 Dollars (\$ 24,641.98).

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:

State Farm
P.O. Box 1300
Merrillville, IN 46411-3000

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, 19 94.

My Commission Expires:

11-8-95

Shannon E. Schmal

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

This instrument prepared by: Dawn Wesolowski

STATE OF INDIANA
JAN 21 9 06 AM '94
RECORDED

600/ck