STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

Ring, Robert

94 APR 28 AH 9 23

9403#1907 94 APRI28 AH 9#2:

SWORN: STATEMENT & NOTICE OF INTENTION TO HOLD: HOSPITAL LIENTHOLD

RECORDER

Recorder of Lake County, Indiana Lake County Government Center 109 State Office suitaling 2293 North Main Street Crown Point, Indiana 46307 You are hereby notified that The Munster Medical Research Foundation d/b/a The Community Nospital whose address is 30% MacArthur Blvd., E- Munster, Indiana 6321, intends to hold a hospital lien for all reason and necessary charges for hospital care, treatment, or maintenance of above-listed patient as follows: 1. The patient was admitted to the hospital on 3-3-94 2. The amount due for hospital care during the above time period Two Thousand Three Hundred Fotry Eight and 00/100 Doilars (\$ 2,348; 3. To the best of the Mospital's knowledge, the patient or the patient's legal representative claims that the following name individuals and/or entifies are liable for damages arising for patient's liness or injury causing the hospital's tay; State Farm 905 W. Glen Park Avenue Griffith, En 46309 This Fiem is being filed pursuant to the Mospital Lien Law, 1.C., 32-8 the Office of the Recorder of the County in which the hospital Ne loc within one hundred eighty (180) days after the patient was discharged the Nospital'. The undersigned individual accounting this instrument, been duly sworn upon his/her cath, under the penalties of perjury her states that Claimant intends to hold a Mospital Lien as described about the facts and matters set forth in the foregoing statement are country or LAKE 884	
Recorder of Lake County, Indiana Lake County Government Center Sob State Office Building Indiana 16204 Thousand Indiana 46307 You are hereby notified that The Hunster Hedded Research Foundation d/b/a The Community Hospital whose address is 90% Hackrthur Blvd., Hunster, Indiana 65321, Intends to hold a hospital lien for all reason and necessary charges for hospital cares, treatment, or maintenance of above-listed patient as follows: 1. The patient was admitted to the hospital on 3-3-94 2. The amount due for hospital cares during, the above time period Two Thousand Three Hundred Forry Eight and 00/100 Dollars (\$ 2,348; 2. The amount due for hospital's knowledge, the patient or the patient's legal representative claims that the following name individuals and/or entities are flable for damages arising in patient's lilness of injuty causing the hospital stay; State Farm 905 W. Glen Park Avenue Griffith. FN 46349 This lien is being filed pursuant to the Rospital Lien Law, L.C. 32-8 the Office of the Recorder of the County in which the hospital is loc within one hundred eighty (180) days after the patient was discharged the Rospital. The undersigned individual executing this instrument, been duly sworn upon his/her oath, under the penalties of perjury her states that Claimant intends to hold a Hospital Lien as described abo that the facts and matters set forth in the foregoing statement are to correct. BTATE OF INDIANA): COUNTY OF LAKE 1884	
Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307 You are hereby notified that The Muneter Medical Research Foundation d/b/a The Community Nospital whose address is 904 MacArthur Blvd., Muneter, Indiana 46321, intends to hold a hospital lien for all reason and necessary charges for hospital care, treatment, or maintenance of above-listed patient as follows: 1. The patient was admitted to the hospital on 3-3-94 2. The amount due for hospital care during the above time period Two Thousand Three Hundred Fotry Eight and 60/100 Dollars (\$ 2,348.) 3. To the best of the Nospital's knowledge, the patient or the patient's legal representative claims that the following name individuals and/or entitles are Hable for damages arising fr patient's liness or injury causing the hospital stay, State Fam 905 W. Glen Park Avenue Griffith, IN 46319 This Pien is being filed pursuant to the Nospital blen baw, 1.C. 32-8 the Office of the Recorder of the County in which the hospital is loc within one hundred eighty, (180) days after the patient was discharged the Nospital. The undersigned individual executing this instrument, been duly sworn upon his/her oath, under the penalties of perjury her states that Claimant Intends to hold a Nospital Lien as described abo that the facts and matters set forth in the foregoing statement are to correct. STATE OF INDIANA! COUNTY OF LAKE) 8540	
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The Community Hospital, being the collection clerk for the above n facts stated in the foregoing are true and correct.	amed the
· Sullan Yhligh	
Subscribed and sworn to before me, a Notary Fubile, this 15th day	DE
My Commission Expires Mannotti Chmo	/
11-8-95 Shannon E. Schwal Notary Pul	olig
A Resident of Lake Co	ounty
This instrument prepared by:susan_E. Roberts	