

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

97024428

97 APR 21 AM 8:49

MORRIS W. CARTER
RECORDER

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: SMITHERS, GARY

Patient: SMITHERS, GARY

Attorney: _____

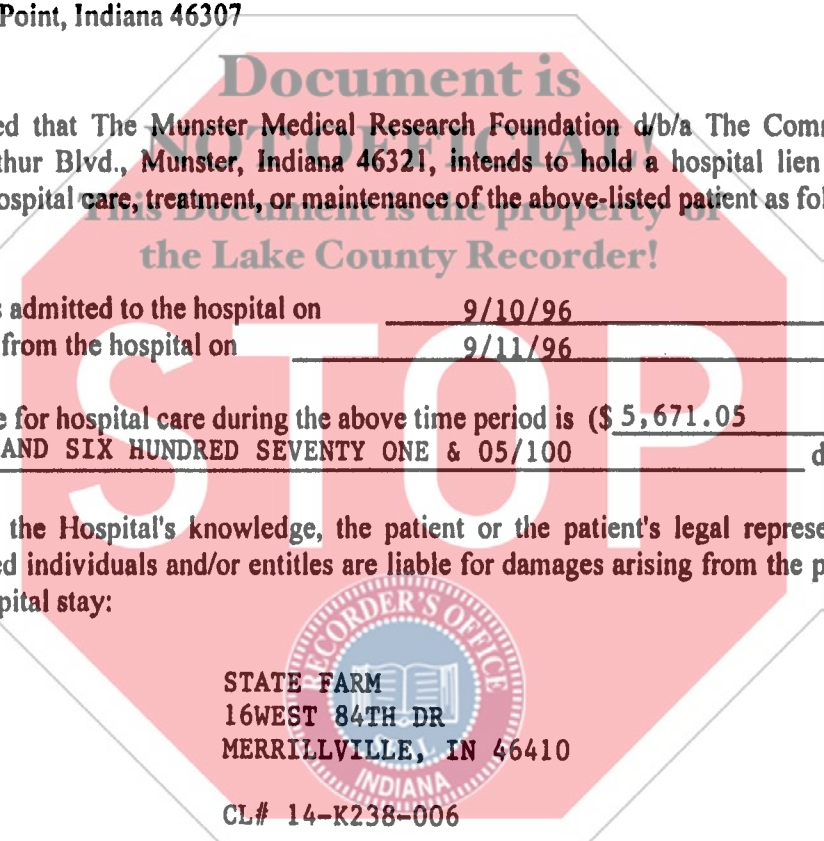
5347 CLEVELAND LANE

MERRILLVILLE, IN 46410

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 9/10/96 and discharged from the hospital on 9/11/96.

2. The amount due for hospital care during the above time period is (\$ 5,671.05) FIVE THOUSAND SIX HUNDRED SEVENTY ONE & 05/100 dollars.

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
16WEST 84TH DR
MERRILLVILLE, IN 46410
CL# 14-K238-006

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:

KATHLEEN KOZANDA, 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.

[Signature]
KATHLEEN KOZANDA, Collection Clerk

Subscribed and sworn to before me, a Notary Public, this 11TH day of APRIL, 1997.

My Commission Expires: 11-8-99
Residing in Lake County, Indiana

[Signature]
SHANNON E. SCHMAL, Notary Public

This instrument was prepared by KATHLEEN KOZANDA.

LIEN

900
see
ck# 296687
poc 4428
du 4431