STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

97 OCT -8 AM 9: 10

MORRIS W. CARTER
RECORDER

97068018

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: GUADALUPE RODRIGUEZ

Patient: Attorney:

CATALINA RODRIGUEZ

7217 TENNESSEE AVE

HAMMOND, IN 46323

Recorder of Lake County, Indiana	Indiana Department of Insurance
Lake County Government Center	509 State Office Building
2293 North Main Street	Indianapolis, Indiana 46204
Crown Point, Indiana 46307	

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   05 06 97
and discharged from the hospital on   05 08 97

2.   The amount due for hospital care during the above time period $4,233.23
FOUR THOUSAND TWO HUNDRED THIRTY THREE & 23/100   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 entitles are liable for damages arising from the patient's illness or injury causing the hospital stay:
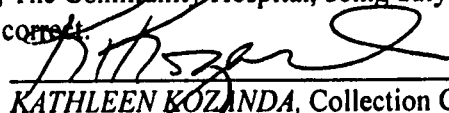
CHICAGO MOTOR CLUB
312 W 80TH AVENUE
MERRILLVILLE, IN 46410

CL # S758070-7

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.
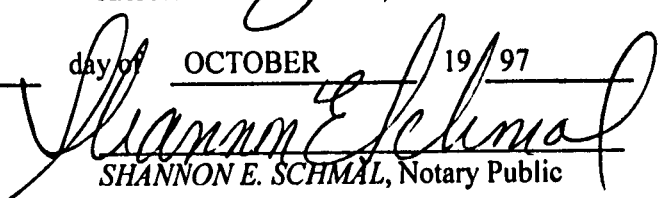
STATE OF INDIANA)
COUNTY OF LAKE) SS:

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.

KATHLEEN KOZANDA, Collection Clerk

Subscribed and sworn to before me a Notary Public this   3RD   day of   OCTOBER   19/97

My Commission Expires: *11-8-99*
Residing in Lake County, Indiana   *SHANNON E. SCHMAL*, Notary Public

This instrument was prepared by **KATHLEEN KOZANDA**.

LIEN

30573