

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

98022561

98 APR -1 AM 9:00

MORRIS W. GAT

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: SPELICH, JOSEPH

Patient: SPELICH, JOSEPH

Attorney: _____

9615 COMMERCIAL AV

CHICAGO IL 60617

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:

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1. The patient was admitted to the hospital on 02/23/98 and discharged from the hospital on 03/06/98.
2. The amount due for hospital care during the above time period is (\$ 18,581.25) EIGHTEEN THOUSAND FIVE HUNDRED EIGHTY ONE AND 25/100 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:

ROUND THE CLOCK RESTAURANT
9010 INDIANAPOLIS
HIGHLAND IN 46322

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.

K. Kozanda
KATHLEEN KOZANDA, Collection Clerk

Subscribed and sworn to before me, a Notary Public, this 20 day of MARCH, 1998.

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

Shannon E. Schmal
SHANNON E. SCHMAL, Notary Public

This instrument was prepared by KATHLEEN KOZANDA.

LIEN

900 Km

Community Hospital
901 MACARTHUR BLVD MUNSTER, IN 46321 CK# 315971