STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

98022561

LIEN

98 APR -1 AH 9: 13

MORRIS W. C.T.

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient: SPELICH, JOSEPH Attorney:  9615 COMMERCIAL AV  CHICAGO IL 60617  Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street 109 State Office Building Indiana Department of Insurance 509 State Office Building Indiana 46204  Crown Point, Indiana 46307  You are hereby notified that The Munster Medical Research Foundation db/s The Community Hospital whose address is 901 MacArdur Blvd, Muniper, Indiana 4631, 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 03/06/98  2. The amount due for hospital care during the above time period is (\$ 18,581.25   EIGHTEEN THORSAID FIVE BURDERD 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 hable for damages arising from the patient's illness or injury causing the hospital stay:  ROUND THE GLOCE RESTAURANT 9019 FINDIAMAPOLTS.  HOSPITAL BURDER SEGUENTY ONE AND 25/100   dollars.  This lien is being filed pursuant to the Hospital Lien Law, 1/C, 32-8-26 in the Office of the Recorder of the County in which the hospital stay:  ROUND THE GLOCE RESTAURANT 9019 FINDIAMAPOLTS.  HOSPITAL BURDER SEGUENTY ONE AND 25/100   dollars.  This lien is being filed pursuant to the Hospital Lien Law, 1/C, 32-8-26 in the Office of the Recorder of the County in which the hospital is tocated, within one hundred eighty (180) days after the patient was discharged from the hospital form the hospital form the hospital patients of the patients and the patient's illness or injury causing the hospital bid patients and the form the hospital form the bospital patients and the patient's illness or injury causing the hospital bid patient and the patient's illness or injury causing the hospital bid patient and the patient of the County in Market the patient and the patient of the patient'	TO:	SPELICH, JOSEPH		
Recorder of Lake County, Indiana Lake County Government Center 293 North Main Street Crown Point, Indiana 46307  You are hereby notified that The Munster Medical Research Foundation db/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 naintenance of the above-listed patient as follows:  1. The patient was admitted to the hospital on 2/2/3/98 2. The amount due for hospital care during the above time period is (\$ 18,581.25 RIGHTERN THOUSAND FIVE RUNDRED RIGHTY 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 lable for damages arising from the patient's illness or injury causing the hospital stay:  ROUND THE CLOCK RESTAURANT 9010-1801AMAPOLYS BIGHLAND 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.  Subscribed and sworn to before me, a Notary Public, this 20THay of KARHILEEN KOZANDA, Collection Clerk  Wy Commission Expires: 11-8-92 Residing in Lake County, Indiana  This instrument was prepared by KATHLEEN KOZANDA.	Patient:	SPELICH, JOSEPH	Attorney:	
Recorder of Lake County, Indiana Lake County Government Center 2993 North Main Street 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, Blwd., Munjster, 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 03/06/98  2. The amount due for hospital care during the above time period is (\$ 18,581.25	v v v v v v v v v v v v v v v v v v v	9615 COMMERCIAL AV		
Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307  You are hereby notified that. The Munster Medical Research Foundation db/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 02/23/98 and discharged from the hospital on 02/23/98 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    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 GLOCK RESTAURANT 9010-TNDIANAPOLIS** 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 sworm upon his/her oath, under the penalties of perjury hereby states that Claimant intends to hold a 1 lospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct.  **STATE OF INDIANAD** COUNTY OF LAKE ) SS:  **KATHLEEN KOZANDA**. being the collection clerk for the above named, The Community Hospital, being duly sworm upon his/her oath, says that the facts stated in the foregoing are true and correct.  **STATE OF INDIANAD** COUNTY OF LAKE ) SS:  **KATHLEEN KOZANDA**. being the collection clerk for the above named, The Community Hospital, being duly sworm upon his/her oath, says that the facts stated in the foregoing are true and correct.  **STATE OF INDIANAD** **COUNTY OF LAKE ) SS:  **KATHLEEN KOZANDA	4. 	CHICAGO IL 60617		
address is 901 MacArthur Blvd. Munsfer Indiana 46221, 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 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 hable for damages arising from the patient's illness or injury causing the hospital stay:  ROUND THE CLOCK RESTAURANT 9010-1NDIANAPOLIS   HIGHLAND 1N 4632Z    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 penaltics 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:  KATHILEEN 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.  My Commission Expires: 11-8-99  My Commission Expires: 11-8-99  Rother ARMAL, Notary Public  This instrument was prepared by KATHLEEN KOZANDA.		Lake County Government Center 2293 North Main Street	509 State Office Bu	ilding
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	address is 90	Ol MacArthur Blvd., Munster, Indiana 4632 Inges for hospital care, treatment, or maintenan	l, intends to hold a hospital lien for ce of the above-listed patient as follower to the property of	or all reasonable and
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 90.19 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 penaltics 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.  SUBSCRIBED AND A Collection Clerk Subscribed and sworn to before me, a Notary Public, this 20THay of MARCH 1998    **WY Commission Expires: 11-8-99    Residing in Lake County, Indiana  This instrument was prepared by KATHLEEN KOZANDA.		patient was admitted to the hospital on	02/23/98	•
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 20THay of MARCH , 1998  My Commission Expires: 11-8-99 Residing in Lake County, Indiana  This instrument was prepared by KATHLEEN KOZANDA.	2. The a	amount due for hospital care during the above to	ime period is (\$ 18,581.25	) lars.
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 20THay of MARCH , 1998  My Commission Expires: 11-8-99  Residing in Lake County, Indiana  This instrument was prepared by KATHLEEN KOZANDA.	follow causing this lien is be which the hose The undersign of perjury her	ring the hospital stay:  ROUND THE CLOG 9010 INDIANAPO HIGHLAND IN  Pital is located, within one hundred eighty (18 ned individual executing this instrument, having reby states that Claimant intends to hold a I	CK RESTAURANT OLIS 46322  C. 32-8-26 in the Office of the Reco O) days after the patient was dischar ng been duly sworn upon his/her oat Hospital Lien as described above a	order of the County in ged from the hospital.
Subscribed and sworn to before me, a Notary Public, this 20Thay of MARCH , 1998.  My Commission Expires: 11-8-99 Residing in Lake County, Indiana  This instrument was prepared by KATHLEEN KOZANDA.		•		
My Commission Expires: 11-8-99 Residing in Lake County, Indiana  This instrument was prepared by KATHLEEN KOZANDA.			are true and correct	4
Residing in Lake County, Indiana  SHANNON E. SCHMAL, Notary Public  This instrument was prepared by KATHLEEN KOZANDA.	Subscribed and	d sworn to before me, a Notary Public, this 2	OTHay of MARCH, 1998.	40/
2 0/1	•	<u>.</u>	SHANNON E. SCHMAI	Scum of A., Notary Public
LIEN AND A	This instrume	nt was prepared by <u>KATHLEEN KOZANDA</u> .		
	LIEN			appr
Community flospital 901 MARARTHUR BLUD MUNSTER, IN 46321 CK#31597	Com 901	munity flospital MARASTAUR BLVD 1	NUNSTER, IN 46321	CK#315971