STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

98054115

98 JUL 16 AM 8: 37

SWORN STATEMENT & NOTICE OF TRECORDER TO HOLD HOSPITAL LIEN RECORDER

| ro; | Lambert, Wendy Lambert, Wendy 1726 E. Elm | |
|--------------------------------------|---|---|
| Patient | | |
| | | |
| | 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 |
| address is | s 901 MacArthur Blvd., Munster, Indiana 46321, in charges for hospital care, treatment, or maintenance of | h Foundation d/b/a The Community Hospital whose ntends to hold a hospital lien for all reasonable and |
| | The patient was admitted to the hospital on 06 11 98 nd discharged from the hospital on 06 13 98 | Recorder! |
| 2. T | The amount due for hospital care during the above time seven thousand eight hundred and nine and no/100 | |
| fo | o the best of the Hospital's knowledge, the patient ollowing named individuals and/or entitles are liable ausing the hospital stay: | t or the patient's legal representative claims that the for damages arising from the patient's illness or injury |
| | Travelers 8049 Cleveland Merrillville, IN 46410 Cl # 9412596471011 | |
| which the The under of perjury | e hospital is located, within one hundred eighty (180) ersigned individual executing this instrument, having | 32-8-26 in the Office of the Recorder of the County in days after the patient was discharged from the hospital. been duly sworn upon his/her oath, under the penalties spital Lien as described above and that the facts and t. |
| | OF INDIANA) Y OF LAKE) SS: | |
| <i>Debbie So</i> his/her oa | Copher, being the collection clerk for the above named, ath, says that the facts stated in the foregoing are true to | , The Community Hospital, being duly sworn upon and correct. Debbie Sopher, Collection Coordinator |
| Subscribe | ed and sworn to before me a Notary Public this 10th | h day of July 19 98 |
| | mission Expires: <u>05/14/08</u> in Lake County, Indiana | KATHLEEN E. KOZANDA, Notary Public |
| This instr | rument was prepared by <u>Debbie Sopher</u> . | ω 6× «° ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ |
| LIEN | | 32 (X) |
| | | |