99029668

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

99 APR -8 AM 8:52

MORRIS W. CARTER
RECORDER

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: WILLIAM HILBRICH

Patient: PHYLLIS HILBRICH ACCT NO 7153007   Attorney:

2210 NONDORF

DYER, IN 46311

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 02/22/99
   and discharged from the hospital on 03/11/99

2. The amount due for hospital care during the above time period   17,475.15
   SEVENTEEN THOUSAND FOUR HUNDRED SEVENTY-FIVE AND 15/100   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:

    BURGER KING RESTAURANT
    ATTN: KRIS CONDON- MANAGER
    555 MORTHLAND DRIVE
    VALPARAISO, IN 46383

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:

SHAWN WILLIAMS, 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.

_____
SHAWN WILLIAMS, Collection Clerk

Subscribed and sworn to before me a Notary Public this 5TH   day of APRIL   19 99

My Commission Expires: _05/14/08_
Residing in Lake County, Indiana

KATHLEEN KOZANDA, Notary Public

This instrument was prepared by SHAWN WILLIAMS.

LIEN