STATE OF INDIANAL LAKE COUNTY FILED FOR RECORD

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

TO: SPURO ANDREATOS

Patient: FAY ANDREATOS

Attorney:

5410 PIERCE

MERRILLVILLE IN 46410

Recorder of Lake County, Indiana
Lake County Government Center
2293 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 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 and discharged from the hospital on 06/25/99 Recorder!

06/25/99

his Document is the property of

- 2. The amount due for hospital care during the above time period
  TWO THOUSAND SIXTY-FIVE AND 00/100 \$2565.00 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:

ALLSTATE INSURANCE COMPANY 1000 E 80<sup>TH</sup> PLACE SUITE 750 MERRILLVILLE IN 46410

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:

<u>SHAWN WILLIAMS</u>, 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

day of

119 99

My Commission Expires: <u>05/14/08</u> Residing in Lake County, Indiana

KATHLEEN E. KOZ

A, Notary Public

This instrument was prepared by **SHAWN WILLIAMS**.

LIEN

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