

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

99087417

99 OCT 25 AM 8:47

MORRIS W. CARTER  
RECORDER

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

TO: DAVID BARDER

Patient: DAVID BARDER ACCT NO 7982380 Attorney:

8210 WICKER PARK DRIVE

HIGHLAND IN 46322

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

Document is  
NOT OFFICIAL!

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:

- The patient was admitted to the hospital on 09/15/99 and discharged from the hospital on 09/21/99
- The amount due for hospital care during the above time period \$7845.25 SEVEN THOUSAND EIGHT HUNDRED FORTY-FIVE AND 25/100 dollars.
- 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:

SAFECO INSURANCE  
PO BOX 3280  
MUNSTER IN 46321  
ATTN: NANCY DOHERTY



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*  
SHAWN WILLIAMS, Collection Clerk

Subscribed and sworn to before me a Notary Public this 18TH day of OCTOBER 19 99

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

*Kathleen E. Kozanda*  
KATHLEEN E. KOZANDA, Notary Public

This instrument was prepared by SHAWN WILLIAMS.

LIEN

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