

2000 002151

2000 JAN 11 AM 10:07

MORRIS W. CARTER
RECORDER

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: MARGARET FAULKNER

Patient: MARGARET FAULKNER ACCT 8133808 Attorney:

2329 HART ROAD 1C

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

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 102399 and discharged from the hospital on 102799
2. The amount due for hospital care during the above time period 3033.80 THREE THOUSAND THIRTY-THREE AND 80/100 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:

CITIZENS INSURANCE COMPANY OF AMERICA
645 GRAND RIVER AVENUE
HOWELL MI 48843
CLAIM # 35 99087547
ATTN: SANDRA WUSENGA

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 17TH day of DECEMBER 19 99

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

Kathleen Kozanda
KATHLEEN KOZANDA, Notary Public

This instrument was prepared by SHAWN WILLIAMS.

LIEN

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1/9/00
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