

2000 050772

2000 JUL 19 14 10: 02

MORRIS W. CATTER

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

	30	SEPH CLARK				
Patier	nt: M	ELISSA CLARK ACCT NO 914	3246 Atto	mey:		
	30	013 GERRY STREET	root Manager and received a reference of the company of the compan			
	G	ARY IN 46406	<u> </u>			
	La 22	Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307		509 8	Indiana Department of Insurance 509 State Office Building Indianapolis, Indiana 46204	
		Do	cument	is		
addres	ss is 901 M	notified that The Munster Medic acArthur Blvd., Munster, Indian for hospital care, treatment, or ma	a 46321, intends	to hold a l	nospital lien	for all reasonable and
1.		nt was admitted to the hospital on		corder	!	
	and disch	arged from the hospital on	05/31/00			
2.		int due for hospital care during the THOUSAND TWO HUNDRED F				lollars.
3.	following	est of the Hospital's knowledge, named individuals and/or entitles e hospital stay:				
		FARMERS INSURANCE PO BOX 6100 SOUTH BEND IN 46660	SOURCE OF SOURCE			
		CLAIM# G3 75812	SEAL SEAL			
which The up of perj	the hospital ndersigned in jury hereby s	filed pursuant to the Hospital Lier is located, within one hundred eindividual executing this instrumentates that Claimant intends to holegoing statement are true and correspondent.	ghty (180) days a ent, having been d d a Hospital Lien	fter the patie	nt was discha pon his/her oa	arged from the hospital ath, under the penalties
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