

STATE OF INDIANA  
LAKE COUNTY  
FILED

2000 050786

JUN 19 2000

MORRIS W. CARTER

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

TO: LENA MOJZIK

Patient: LENA MOJZIK  
# 8979707  
607 139TH STREET  
HAMMOND IN 46327

Attorney: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 04/27/00 and discharged from the hospital on 05/17/00
2. The amount due for hospital care during the above time period 22430.80 TWENTY-TWO FOUR HUNDRED THIRTY 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:

PERESTER INSURANCE AGNECY  
7207 INDIANAPOLIS BLVD  
HAMMOND IN 46324  
CLAIM LVZ4920JLR



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 23RD day of JUNE 20 00

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

Community Hospital  
901 MacArthur Blvd  
Munster, IN 46321

356879  
9.00  
AM