## SWORN STATEMENT NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Leatha Satti			
Patient:	Leatha Satti 631338662	Attorney:	Schneider & Schneider	en e
	2442 W. Catalpa 2N		1633 N. North Park Ave.	
	Chicago, Il 60625		Chicago, Il 6062874-5741	
Lake ( 2293 1	der of Lake County, Indiana County Government Center North Main Street Point, Indiana 46307	311 Wes	a Department of Insurance st Washington Street, Suite 30 apolis, Indiana 46204	) <b>0</b>
Street, ( necessar) patient (	Gary, IN 46402, intends to- y charges for hospital care, as follows:	hold a Hospital treatment or a OCUMACN and to the ho	spital on January 17, 1994	d
2. above hos	spitalization is Two thousan	tal care, trea d four hundred 460.00 )	tment or maintenance during the sixty dollars and no grant Dollars.	· =
are liable hospital  The in the Owithin on the Hospiduly swoon Hospital	resentative claims that the le for damages arising from stay:  is Lien is being filed purse ffice of the Recorder of the hundred and eighty (180) ttal. The undersigned indiversion of the period of t	uant to the Ho he County in w days after to ridual execution alties of pe	spital Lien Law, I.C. \$32-8-2 which the Hospital is located the patient was discharged from this instrument, having been rjury, hereby states that the ribed above and that the facture and correct.	5 33 33 33 33 33 33 33 33 33 33 33 33 33
	Sign	JEAL	HOSPITALS, INC.	
STATE OF	INDIANA )			
COUNTY O	F LAKE )			
	I BEVERLY KOCHAN		ECTION SUPERVISOR for Th	
in the fo	oregoing are true and corre	BEVERLY	KOCHAN Suul oll ary Public, this	ian
	arch, 1994.	\	4.5	<del></del>
E. Salar			Notary Public	<b></b>
My Commis	ssion Expires:	A Resident o	f Sche County	
3.	25 98			lo C

This Instrument Prepared By: Clyde D. Compton, Attorney at Law 5525 Broadway, Merrillville, Indiana 46410