## SWORN STATEMENT 4 MOTICE OF INTENTION TO HOLD HOSPITAL LIEW

201	SUSAN	Amsteri	)				
Patient:	Susan	Armsterd	632002705	Attorney:	Bernard Wolfe		
	100 W.	37 TH.	AVE., #2	,	221 N. La Salle	e, STE 2600	
	Gary,	IN 46408	}	•	Chicago, IL 60	·	
<b>Lake</b> 2293	County North 1	Lake Con Governme Main Stro Indian		311 Wes	Department of Int Washington Street Polis, Indiana 46	nsurance et, Suite 300	
Street,	Gary, y chard as fol	in 46402 jes for h Lows:	ospital care	hold a Hospita , treatment or a CUMENT 1	T HOSPITALS, INC Il Lien for all re maintenance of the	above listed	
19, a	The nd was	patien discher	ged from the	hospital on	pital on July 26 Niguet. 15, 1995	1995	
above ho	The spitali	amount zation i	the Lake	ent is the property Reco	Dollars and No October 1	nts. N	
3. legal re are liab hospital	present le for	ative cl	aims that th	ne following nam	e, the patient or ed individuals an illness or injury	d/or entities	
This Lien is being filed pursuant to the Hospital Lien Law, I.C. \$3249-265 in the Office of the Recorder of the County in which the Hospital is located within one hundred and eighty (180) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having been duly sworn upon eath, under the populaties of perjury, hereby states that the Hospital intends to hold the Hospital Lien as described above and that the Facts and matters set forth in the foregoing statement are true and correct.  The MITTED IST HOSPITALS, INC.  BY: KEVIN O. PHILLIPS							
STATE OF	INDIA	NA )		BY: KEVIN O	· HATTITLES JOHN	- July	
COUNTY C	F LAKE	) 58 )	:				
	I KEVI	N O. PHI	LLIPS	, being a ACCO	UNT REPRESENTATIV	E for The	_
			nc., being di rue and cor	ily sworn upon o rect.	. PHILLIPS	nd Mully	? ~
Su 	plemb	ed and a	worn to be:	fore me, a Nota	e Traffe		
My Commi	ssion :	Expires:		A Resident o	f Rake Notar	y Public County	
	-28-9	5					
This Ins	trumen	t Prepar	ed By: Cly	de D. Compton,	Attorney at Law		^ ~