STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Palient: RESTRIA Altorrey: 7743 WAITE ST MERRILLYILLE IN 46410 Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307 Four are faceby notified that The Manster Medical Research Foundation dibla The Community Hospital whose indices is 901 MacAithur Ilbid., Manster, Indiana 4631, intends to hold a hospital len for all reasonable and recessary charges for hospital care, treatment, or trainfenance of the above-listed patient as follows: NOTE LAL The patient was admitted to the bespital out at \$229/98 opening of the above listed patient as follows: The amount due for hospital care during the above time period is (\$2,278,00) TWO THOUSAND TWO HUNDRED SEVENTY EIGHTY AND 00/100 dollars. 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 is located, within one hundred eighty (180) days after the patient was discharged from the hospital his located, within one hundred eighty (180) days after the patient was discharged from the hospital new undersigned individuals executing this instrument, having been duly sworn upon his/her oath, made the period is the statement are two and correct. IATE OF INDIANA) OUNTY OF LAKE) SS: HELANIE MAIAN Deing the collection clerk for the above named, The Community Hospital, being duly sworn on his/her oath, says that the facts stated in the foregoing are true and correct. MELANIE MAIAN Deing the collection clerk for the above named, The Community Hospital, being duly sworn on his/her oath, says that the facts stated in the foregoing are true and correct. MELANIE MAIAN Collection Clerk MELANIE MAIAN Collection Clerk MELANIE BAIANA Collection Clerk MELANIE BAIANA Collection Clerk Mischarges S/8/08 RESTANDAN Notory Public, this 5TH day of JUNE ATHLEEN E KOZANDAN, Notory Public	10:	RIOS, FRANCISCO	
Recorder of Lake County, Indiana Lake County Government Center 2291 North Main Street Crown Point, Indiana 46307 Tou are hereby molified that The Munster Medical Research Foundation d/b/a The Community Hospital whose indianapolis, Indiana 46204 Tou are hereby molified that The Munster Medical Research Foundation d/b/a The Community Hospital whose indianapolis, Indiana 46204 The patient was admitted by the byspital on 1429/98 In the amount due for hospital care, heatment, of maintenance of the above-listed patient as follows: The amount due for hospital care during the above time period is (\$ 2,278.00 TWO THOUSAND TWO MUNDRED SEVENTY EIGHTY AND 00/100 TWO THOUSAND TWO MUNDRED SEVENTY EIGHTY AND 00/100 TOUTHOUSAND TWO MUNDRED SEVENTY EIGHTY AND 00/100 STATE FARM AUTO 10202 W CR 400.8 MICHARO STRY, IR 46340 CL#14K297 142 STATE FARM AUTO 10202 W CR 400.8 MICHARO STRY, IR 46340 CL#14K297 142 STATE FARM AUTO 1020 W CR 400.8 MICHARO STRY, IR 46340 CL#14K297 142 STATE FARM AUTO 1020 W CR 400.8 MICHARO STRY, IR 46340 CL#14K297 142 STATE FARM AUTO 1020 W CR 400.8 MICHARO STRY, IR 46340 CL#14K297 142 STATE FARM AUTO 1020 W CR 400.8 MICHARO STRY, IR 46340 CL#14K297 142 STATE FARM AUTO 1020 W CR 400.8 MICHARO STRY, IR 46340 CL#14K297 142 STATE FARM AUTO 1020 W CR 400.8 MICHARO STRY, IR 46340 CL#14K297 142 STATE FARM AUTO 1020 W CR 400.8 MICHARO STRY, IR 46340 CL#14K297 142 STATE FARM AUTO 1020 W CR 400.8 MICHARO STRY BROWN IN THE HERD WAS ABOVE THE ABOVE THE HERD WAS ABOVE THE HERD WA	Patient:	RIOS, BERTHA	Allorney:
Recorder of Lake County, Indiana Lake County Government Center 2291 North Main Street Crown Point, Indiana 46107 Indiana 4610		7743 WAITE ST	
Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307 And are hereby notified that The Munster Medical Research Foundation of bar The Community Hospital whose address is 901 MacArthur Blvd., Munster, Indiana 46321, indeads to hold a hospital lien for all reasonable and recessary charges for hospital care, treatment, or maintenance of the above-listed patient as follows: The patient was admitted to the bospital out 1479/98 and discharged from the hospital out 5/07/98 The amount due for hospital care during the above time period is (\$ 2,278.00 TWO THOUSAND TWO HUNDRED SEVENTY EIGHTY AND 00/100 dollars. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the following named individuals sand/or entitles are liable for damages arising from the patient's illness or injury causing the hospital stay: STATE FARM AUTO. 10202 W CR 300. N. MICHICAN OFTY, IN 46340 CL14K297 142 District in its being filed pursuant to the Hospital Lieu Law, U.C. 32-8-26 in the Office of the Recorder of the County in hich the hospital is located, within one hundred eighty (180) days after the patient was discharged from the hospital his intensity states that Claimant intensite to hold a Hospital Lieu as described above and that the facts and alters set forth in the foregoing statement are true and correct. TATE OF INDIANA) DUINTY OF LAKE) SS: MELANIE BARAN being the collection clerk for the above named, The Community Hospital, being duly sworn on his/her oath, says that the facts stated in the foregoing are true and correct. MELANIE BARAN collection Clerk for the above named, The Community Hospital, being duly sworn on his/her oath, says that the facts stated in the foregoing are true and correct. MELANIE BARAN collection Clerk for the above named, The Community Hospital, being duly sworn on his/her oath, says that the facts and the foregoing are true and correct. MELANIE BARAN collection Clerk for the above named, The Community Hospital, being duly sworn		MERRILLVILLE IN 46410	
in the patient was admitted to the hospital one to the hospital one to the hospital descessary charges for hospital care, treatment, or maintenance of the above-listed patient as follows: I the patient was admitted to the hospital one to 1479/98 and discharged from the hospital one to 1479/98. The amount due for hospital care during the above time period is (\$ 2,278.00		Lake County Government Center 2293 North Main Street	509 State Office Building
The patient was admitted to the hospital on	ddress is 90	H MncArthur Blvd., Munster, Indiana 46321, i	ntends to hold a hospital lien for all reasonable and
The amount due for hospital care during the above time period is (\$ 2,278.00 TWO THOUSAND TWO HUNDRED SEVENTY EIGHTY AND 00/100 dollars. 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: STATE FARM AUTO 10202 W CR AUG. N MICHIGAN GITY, IN 46340 CL#14K297 142 Initial lien is being filed pursuant to the Hospital Lien Law LC. 32-8-26 in the Office of the Recorder of the County in high the hospital is located, within one hundred eighty (180) days after the patient was discharged from the hospital, he undersigned individual executing this instrument, having been duly sworn upon his/her oath, under the penaltles' perjury hereby states that Claimant intends to hold a Hospital Lien as described above and that the facts and alters set forth in the foregoing statement are true and correct. INTER OF INDIANA) DUNTY OF LAKE) SS: ***HELANIE BARAN** Deing the collection clerk for the above named, The Community Hospital, being duly sworn on his/her oath, says that the facts stated in the foregoing are true and correct. **HELANIE BARAN** Deing the collection clerk for the above named, The Community Hospital, being duly sworn on his/her oath, says that the facts stated in the foregoing are true and correct. **HELANIE BARAN** Collection Clerk for the above named, The Community Hospital, being duly sworn on his/her oath, says that the facts stated in the foregoing are true and correct. **HELANIE BARAN** Collection Clerk for the above named, The Community Hospital, being duly sworn on his/her oath, says that the facts stated in the foregoing are true and correct. **HELANIE BARAN** Collection Clerk for the above named, The Community Hospital, being duly sworn on his/her oath, says that the facts stated in the foregoing are true and correct. **HELANIE BARAN** Collection Clerk for the above named, The Community Hospital, be		NOTOFF	ICIAL!
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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: STATE FARM AUTO 10202 W CR AUG. N MICHICAN CITY, IN A6340 CL#14K297 142 This lien is being filed pursuant to the Hospital Lien Law LC 32-8-26 in the Office of the Recorder of the County in hich the hospital is located, within one hundred eighty (180) days after the patient was discharged from the hospital, be undersigned individual executing this instrument, having been duty sworn upon his/her oath, under the penaltles' perjury hereby states that Claimant intends to hold a Hospital Lien as described above and that the facts and alters set forth in the foregoing statement are true and correct. FATB OF INDIANA) OUNITY OF LAKE) SS: MELANIE BARAN being the collection clerk for the above named, The Community Hospital, being duty sworn on his/her oath, says that the facts stated in the foregoing are true and correct. MELANIE BARAN Collection Clerk obscribed and sworn to before me, a Notary Public, this 5TH day of JUNE 1998. Y Commission Expires: 5/8/08 stiding in Lake County, Indiana KATHLEEN E KOZANDA, Notary Public	and d	lischarged from the hospital on the Lake County	Kecorder!
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: STATE FARM AUTO. 10202 W CR AOC N. MICHIGAN GITY, IN 46340 CL#14K292 142 This lien is being filed pursuant to the Hospital Lien Law LC 32-8-26 in the Office of the Recorder of the County in high the hospital is located, within one hundred eighty (180) days after the patient was discharged from the hospital, he undersigned individual executing this instrument, having been duly sworn upon his/her oath, under the penaltles of perjury hereby states that Claimant intends to hold a Hospital Lien as described above and that the facts and alters set forth in the foregoing statement are true and correct. FATE OF INDIANA) OUNTY OF LAKE) SS: HELANIE BARAN being the collection clerk for the above named, The Community Hospital, being duly sworn on his/her oath, says that the facts stated in the foregoing are true and correct. HELANIE BARAN Collection Clerk of the above named, The Community Hospital, being duly sworn on his/her oath, says that the facts stated in the foregoing are true and correct. HELANIE BARAN Collection Clerk obscribed and sworn to before me, a Notary Public, this 5TH day of JUNE 1998 Y Commission Expires: 5/8/08 Exception Lake County, Indiana KATHLEEN E KOZANDA, Notary Public	· The n	mount due for hospital care during the above time	
Inis lien is being filed pursuant to the Hospital Lien Law LC. 32.8-26 in the Office of the Recorder of the County in hich the hospital is located, within one hundred eighty (180) days after the patient was discharged from the hospital, he 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 afters set forth in the foregoing statement are true and correct. FATE OF INDIANA) OUNTY OF LAKE) SS: MELANIE BARAN being the collection clerk for the above named, The Community Hospital, being duly sworn on his/her oath, says that the facts stated in the foregoing are true and correct. MELANIE BARAN Collection Clerk becribed and sworn to before me, a Notary Public, this 5TH day of JUNE 1998. Y Commission Expires: 5/8/08 esiding in Lake County, Indiana KATHLEEN E KOZANDA, Notary Public	<u>-1w</u>	THOUSAND TWO HUNDRED SEVENTI EIGHT	dollars.
his lien is being filed pursuant to the Hospital Lien Law, LC 32-8-26 in the Office of the Recorder of the County in hich the hospital is located, within one hundred eighty (180) days after the patient was discharged from the hospital, he undersigned individual executing this instrument, having been duly sworn upon his/her oath, under the penaltles of perjury hereby states that Claimant intends to hold a Hospital Lien as described above and that the facts and atters set forth in the foregoing statement are true and correct. FATB OF INDIANA) DUNTY OF LAKE) SS: #ELANIE BARAN, being the collection clerk for the above named, The Community Hospital, being duly sworn on his/her oath, says that the facts stated in the foregoing are true and correct. ##ELANIE BARAN Collection Clerk ##BLANIE BARAN Collection Cl		STATE FARM AUTO 10202 W CR 400 N	
hich the hospital is located, within one hundred eighty (180) days after the patient was discharged from the hospital, he undersigned individual executing this instrument, having been duly sworn upon his/her oath, under the penalties' perjury hereby states that Claimant intends to hold a Hospital Lien as described above and that the facts and atters set forth in the foregoing statement are true and correct. [ATB OF INDIANA] DUNTY OF LAKE) SS: MELANIE BARAN			46340
hich the hospital is located, within one hundred eighty (180) days after the patient was discharged from the hospital, he undersigned individual executing this instrument, having been duly sworn upon his/her oath, under the penalties perjury hereby states that Claimant intends to hold a Hospital Lien as described above and that the facts and atters set forth in the foregoing statement are true and correct. [ATB OF INDIANA] DUNTY OF LAKE) SS: MELANIE BARAN		TEAL.	
OUNTY OF LAKE) SS: MELANIE BARAN, being the collection clerk for the above named, The Community Hospital, being duly sworn fon his/her oath, says that the facts stated in the foregoing are true and correct. MELANIE BARAN	hich the hos he undersign I perjury her atters set for	pital is located, within one hundred eighty (180) or red individual executing this instrument, having reby states that Claimant intends to hold a Hos th in the foregoing statement are true and correct.	lays after the patient was discharged from the hospital, been duly sworn upon his/her oath, under the penaltles pital Lien as described above and that the facts and
on his/her oath, says that the facts stated in the foregoing are true and correct. Wellowic Standard Collection Clerk Wellowic Standard Collection Clerk		•	
bscribed and sworn to before me, a Notary Public, this <u>5TH</u> day of <u>JUNE</u> , 19 <u>98</u> . by Commission Expires: <u>5/8/08</u> esiding in Lake County, Indiana KATHLEEN E KOZANDA, Notary Public		The state of the conception cicly to the month	true and correct.
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