

STATE OF INDIANA
LAKE COUNTY
FILED FOR

2000 050784

2000 JUL 19 AM 10:04

MORRIS W. CARTER

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: DARLENE PATE

Patient: DARLENE PATE ACCT NO 7799144 Attorney: _____

1005 E 35TH AVE

GRIFFITH IN 46319

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

Document is

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 08/10/99
and discharged from the hospital on 02/29/00

2. The amount due for hospital care during the above time period 2407.00
TWO THOUSAND FOUR HUNDRED SEVEN AND NO/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 entities are liable for damages arising from the patient's illness or injury causing the hospital stay:

OMNI AUTO INSURANCE
PO BOX 105019
ATLANTA GA 30348
ATTN JENNIFER WASHINGTON



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

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9.00
AM