## 2000 053428

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

Patient: CARLA MOLA ACCT NO 9127550  Attorney:  7450 WRIGHT STREET  MERRILLVILLE IN 46410  Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307  You are hereby notified that The Munster Medical Research Foundation db/a. The Community Hospital address is 901 MacArthur Blvdg, Munster, Indiana 46321, intends to hold a hospital lien for all reasona necessary charges for hospital care, teatment, or maintenance of the above histed patient as follows:  1. The patient was admitted to the hospital on 05/27/00 and discharged from the hospital care during the above time period NINE THOUSAND SIXTY-THREE AND 75/100  2. The amount due for hospital care during the above time period NINE THOUSAND SIXTY-THREE AND 75/100 dollars.  3. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims to following named individuals and/or entitles are liable for damages arising from the patient's illness causing the hospital is located, within non-hundred eighty (180) days after the potient was discharged from the fine undersigned individual executing this instrument, having been duly swom upon his/her oath, under the pof perjury hereby states that Claimant intends to hold a Hospital Lien as described above and that the facts and set forth in the foregoing statement are true and correct.  STATE OF INDIANA) COUNTY OF LAKE ) SS:  STATE OF INDIANA, being the collection clerk for the above named, The Community Hospital, being duly swo his/her oath, says that the facts stated in the foregoing are true and correct.  STATE OF INDIANA, Solicetion Clerk Subscribed and swom to before me a Notary Public this 25111 day of JULX 20 00  My Commission Expures: 95/14/98 Residing in Lake County, Indiana This instrument was prepared by SHAWN WILLIAMS	TO:	LEO MOLA			
Recorder of Lake County, Indiana Lake County Government Center 293 North Main Street Crown Point, Indiana 1909 State Office Building Indianapolis, Indiana 46204  You are hereby notified that The Munster Medical Research Foundation d/b/a The Community Hospital address is 901 MacArthur Blvdn, Munster, Indiana 46321, intends to hold a hospital lien for all reasona necessary charges for hospital care, treatment, or maintenance of the above-listed patient as follows:  1. The patient was admitted to the hospital on 05/22/00 and discharged from the hospital on 05/22/00 and discharged from the hospital on 05/22/00 dollars.  2. The amount due for hospital care during the above time period 9063,75 NINE THOUSAND SIXTY-THREE AND 75/100  3. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims to following named individuals and/or entitles are liable for damages arising from the patient's illness of causing the hospital stay:  STATE FARM INSURANCE PO BOX 13000 MERRILYILLE IN 4641 ATTN: JASON WOO  This lien is being filed pursuant to the Hospital Lien Law, 1c. 22-8-26 in the Office of the Recorder of the Cowhich the hospital is located, within one hundred eighty (180) days after the patient was discharged from the bine undersigned individual executing this instrument, having been duly sworn upon his/her oath, under the pof perjury hereby states that Claimant intends to hold a Hospital Lien as described above and that the facts and set forth in the foregoing statement are true and correct.  STATE OF INDIANA) COUNTY OF LAKE ) SS:  SIMBN WILLIAMS, being the collection clerk for the above named, The Community Hospital, being duly swo his/her oath, says that the facts stated in the foregoing are true and correct.  SIABN WILLIAMS, Collection Clerk Subscribed and sworn to before me a Notary Public this 251H day of JULY 20 00  My Commission Expires: 05/14/08 Residing in Lake County, Indians  This instrument was prepared by SHAWN WILLIAMS	Patient:	CARLA MOLA ACCT NO 9127550	Attorney:		
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307  You are hereby notified that The Munster Medical Research Foundation d/b/a The Community Hospital address is 901 MacArthur Blvdi, Munster, Indiana 46321, intends to hold a hospital lien for all reasona necessary charges for hospital care, treatment, or maintenance of the above-listed patient as follows:  1. The patient was admitted to the hospital on and discharged from the hospital on 05/28/00  2. The amount due for hospital care during the above time period 9063.75  NINE THOUSAND SIXTY-THREE AND 75/100  2. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims to following named individuals and/or entitles are liable for damages arising from the patient's illness of causing the hospital stay:  STATE FARM INSURANCE PO BOX 13000 MERRILYILLE IN 46411 ATTN: JASON WOO  This lien is being filed pursuant to the Hospital Lien Law, 1.C. 32-8.26 in the Office of the Recorder of the Cothich the hospital is located, within one hundred eighty (180) days after the patient was discharged from the hithe undersigned individual executing this instrument, having been duly sworn upon his/her oath, under the pof perjury hereby states that Claimant intends to hold a Hospital Lien as described above and that the facts and set forth in the foregoing statement are true and correct.  STATE OF INDIANA) COUNTY OF LAKE J SS:  STATE OF INDIANA, COUNTY OF LAKE J SS:  STATE OF		7450 WRIGHT STREET	<del></del>		
Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307  You are hereby notified that The Munster Medical Research Foundation d/b/a. The Community Hospital address is 901 MacArthur Blvdp, Munster Indiana 46321, intends to hold a hospital lien for all reasona necessary charges for hospital care, treatment, or maintenance of the above-listed patient as follows:  1. The patient was admitted to the hospital on 05/27/00 and discharged from the hospital on 05/28/00  2. The amount due for hospital care during the above time period 9063.75  NINE THOUSAND SIXTY-THREE AND 75/100  3. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims to following named individuals and/or entitles are liable for damages arising from the patient's illness of causing the hospital stay:  STATE FARM INSURANCE PO BOX 13000  MERRILLYILLE IN 46411  ATTN: JASON WOO  This lien is being filed pursuant to the Hospital Lien Law, I.C. 32-8-26 in the Office of the Recorder of the Cowhich the hospital is located, within one hundred eighty (180) days after the patient was discharged from the hof perjury hereby states that Claimant intends to hold a Hospital Lien as described above and that the facts and 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 swo his/her oath, says that the facts stated in the foregoing are true and correct.  SILAWN WILLIAMS, Collection Clerk Subscribed and sworn to before me a Notary Public this 25TH day of JULY 20 00  My Commission Expires: 95/14/98  Residing in Lake County, Indiana  This instrument was prepared by SHAWN WILLIAMS		MERRILLVILLE IN 46410			
address is 901 MacArthur Blvd, Munster, Indiana 46321, intends to hold a hospital lien for all reasona necessary charges for hospital care, treatment, or maintenance of the above-listed patient as follows:  1. The patient was admitted to the hospital on 05/27/00 and discharged from the hospital on 05/27/00 and discharged from the hospital care during the above time period 9063.75 NINE THOUSAND SIXTY-THREE AND 75/100 dollars.  3. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims to following named individuals and/or entitles are liable for damages arising from the patient's illness of causing the hospital stay:  STATE FARM INSURANCE PO BOX 13000 MERRILLVILLE IN 46411 ATTN: JASON WOO  This lien is being filed pursuant to the Hospital Lien Law, 1C. 32-8-26 in the Office of the Recorder of the Cockhich the hospital is located, within one hundred eighty (180) days after the patient was discharged from the hospital representative claims of the undersigned individual executing this instrument, having been duly sworn upon his/her oath, under the post perjury hereby states that Claimant intends to hold a Hospital Lien as described above and that the facts and set forth in the foregoing statement are true and correct.  STATE OF INDIANA) COUNTY OF LAKE ) SS:  SIMWN WILLIAMS, being the collection clerk for the above named, The Community Hospital, being duly swo his/her oath, says that the facts stated in the foregoing are true and correct.  SILAWN WILLIAMS, Collection Clerk Subscribed and sworn to before me a Notary Public this 25111 day of JULY 20 00  My Commission Express: 05/14/08 Residing in Lake County, Indiana  This instrument was prepared by SHAWN WILLIAMS		Lake County Government Center 2293 North Main Street		509 State Office Building	
2. The amount due for hospital care during the above time period NINE THOUSAND SIXTY-THREE AND 75/100  3. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims to following named individuals and/or entitles are liable for damages arising from the patient's illness of causing the hospital stay:  STATE FARM INSURANCE PO BOX 13000 MERRILLVILLE IN 46411 ATTN: JASON WOO  This lien is being filed pursuant to the Hospital Lien Law, I.C. 32-8-26 in the Office of the Recorder of the Control the hospital is located, within one hundred eighty (180) days after the patient was discharged from the has the undersigned individual executing this instrument, having been duly sworn upon his/her oath, under the performing the foregoing statement are true and correct.  STATE OF INDIANA) COUNTY OF LAKE ) SS:  SILIWIN WILLIAMS, being the collection clerk for the above named, The Community Hospital, being duly swo his/her oath, says that the facts stated in the foregoing are true and correct.  SILIBWIN WILLIAMS, Collection Clerk Subscribed and sworn to before me a Notary Public this 25111 day of 1111.X 20 00  My Commission Expires: 05/14/08 Residing in Lake County, Indiana  This instrument was prepared by SHAWN WILLIAMS	address is 9 necessary ch	901 MacArthur Blvd., Munster, Indiana 4632 narges for hospital care, treatment, or maintenan	l, intends to he ce of the above	old a hospital lien for all reasonable -listed patient as follows:	
NINE THOUSAND SIXTY-THREE AND 75/100  dollars.  To the best of the Hospital's knowledge, the patient or the patient's legal representative claims to following named individuals and/or entitles are liable for damages arising from the patient's illness of causing the hospital stay:  STATE FARM INSURANCE PO BOX 13000 MERRILLVILLE IN 46411 ATTN: JASON WOO  This lien is being filed pursuant to the Hospital Lien Law, I.C. 32-8-26 in the Office of the Recorder of the Convinct the hospital is located, within one hundred eighty (180) days after the patient was discharged from the host purply hereby states that Claimant intends to hold a Hospital Lien as described above and that the facts and 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 awo his/her oath, says that the facts stated in the foregoing are true and correct.  SUBSCRIBE WILLIAMS, Collection Clerk Subscribed and sworn to before me a Notary Public this 25TH day of JULY 20 00  My Commission Expires: 95/14-98 Residing in Lake County, Indiana  This instrument was prepared by SHAWN WILLIAMS	1. The	e patient was admitted to the hospital on discharged from the hospital on 05/28	the prop 7/00 Recor	erty of der!	
To the best of the Hospital's knowledge, the patient or the patient's legal representative claims to following named individuals and/or entitles are liable for damages arising from the patient's illness of causing the hospital stay:  STATE FARM INSURANCE PO BOX 13000 MERRILLVILLE IN 46411 ATTN: JASON WOO  This lien is being filed pursuant to the Hospital Lien Law, I.C. 32-8-26 in the Office of the Recorder of the Control of the control of the interpretation			ime period		
PO BOX 13000 MERRILLVILLE IN 46411 ATTN: JASON WOO  This lien is being filed pursuant to the Hospital Lien Law, I.C. 32-8-26 in the Office of the Recorder of the Cowhich the hospital is located, within one hundred eighty (180) days after the patient was discharged from the hine undersigned individual executing this instrument, having been duly sworn upon his/her oath, under the professional p	follo	owing named individuals and/or entitles are liab			
The undersigned individual executing this instrument, having been duly sworn upon his/her oath, under the profession perjury hereby states that Claimant intends to hold a Hospital Lien as described above and that the facts and 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 his/her oath, says that the facts stated in the foregoing are true and correct.  SUBSCRIBE AND WILLIAMS, Collection Clerk  Subscribed and sworn to before me a Notary Public this 25111 day of JULY 20 00  My Commission Expires: 05/14/08  Residing in Lake County, Indiana  This instrument was prepared by SHAWN WILLIAMS		PO BOX 13000  MERRILLVILLE IN 46411  ATTN: JASON WOO  Deing filed pursuant to the Hospital Lien Law, I.			
SIIAWN WILLIAMS, being the collection clerk for the above named, The Community Hospital, being duly swo his/her oath, says that the facts stated in the foregoing are true and correct.  SIIAWN WILLIAMS, Collection Clerk Subscribed and sworn to before me a Notary Public this 25711 day of JULY 20 00  My Commission Expires: 05/14/08 Residing in Lake County, Indiana  This instrument was prepared by SHAWN WILLIAMS	he undersign f perjury he	med individual executing this instrument, having reby states that Claimant intends to hold a Hosp	ng been duly sv	worn upon his/her oath, under the penal	ties
Subscribed and sworn to before me a Notary Public this 25711 day of JULY 20 00  My Commission Expires: 05/14/08 Residing in Lake County, Indiana  This instrument was prepared by SHAWN WILLIAMS		· · · · · · · · · · · · · · · · · · ·			
My Commission Expires: 05/14/08 Residing in Lake County, Indiana  [Phis instrument was prepared by SHAWN WILLIAMS]  [Phis instrument was prepared by SHAWN WILLIAMS]			ie and correct.	Stam Williams	pon
Residing in Lake County, Indiana  [KATIILLEN E. O'NEILL, Notary Public Instrument was prepared by SHAWN WILLIAMS]	Subscribed a	and swom to before me a Notary Public this 2	STH day o	of JULY 20 00	
Company of the compan	•		The Jan	J. Helen S. O'Mell.L. Notary Public	7 —
LIEN	This instrum	ent was prepared by SHAWN WILLIAMS			
	LIEN				9.1

358641

25× ∏