STATE OF PURCHALLIEN

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

					U. S. Come State Community and State Community Community	
TO:	ANITA PENA	2002	1090	15	2002 NOV 26 PH 1: 39	
Patient:	ANITA PENA 4960205		Atto	orney.	MORRIS W. CARTER RECORDER	
	1350 MAGNOLIA AVE	···		,		
	DYER IN 46311	<u> </u>		•		
	Recorder of Lake County, Ind Lake County Government Cer 2293 North Main Street Crown Point, Indiana 46307	nter	ment	is	Indiana Department of Insurance 311 West Washington Street Suite 300 Indianapolis, IN 46204	
address	is 901 MacArthur Blyd., Munster, ry charges for hospital care, treatment,	Indiana 46 or mainten	321, intend	s to ho above-		
1.	The patient was admitted to the hospit		0/12/02			
	and discharged from the hospital on	_10	0/13/02			
2.	The amount due for hospital care duri	_	_	_	\$6304.00	
_	SIX THOUSAND THREE HUNDRE	ED FOUR	AND 00/10	0	dollars.	
3. To the best of the Wospital's knowledge, the patient of 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: HARLEYVILLE LAKE STATES 7900 WEST 78 TH ST 4 TH FLOOR EDINA N 55439						
which the uncof perju	he hospital is located, within one hund dersigned individual executing this in	red eighty strument, h to hold a H	(180) days aving been	after the	he Office of the Recorder of the County in e patient was discharged from the hospital. worn upon his/her oath, under the penalties scribed above and that the facts and matters	
	OF INDIANA) FY OF LAKE) SS:		J	/		
-	<u>Alexovich</u> , being the collection clerk footh, says that the facts stated in the fo				nmunity Hospital, being duly sworn upon	
				Sh	alley Alexaniah Collection Clerk	

Subscribed and sworn to before me a Notary Public this 13TH day of NOVEMBER 20 02