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

		LAKE COUNTY
TO:	LOUIS NOVAK 2003 071174	FILED FOR RECORD 2000 JUL - 9 PM, 1: 35
Patient		- ·
	TH	MORRIS W. CARTER ———————————————————————————————————
	426 176 <sup>TH</sup> CT	
	HAMMOND, IN 46324	
	Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307	Indiana Department of Insurance 311 West Washington Street Suite 300 Indianapolis, IN 46204
address	re hereby notified that The Munster Medical Research Foundations is 901 MacArthur Blvd., Munster, Indiana 46321, intends to heary charges for hospital care, treatment, or maintenance of the above-	old a hospital lien for all reasonable and
1100000	oranges for hospital care, treatment, or maintenance of the above-	insted patient as follows:
1.	The patient was admitted to the hospital on U 05/29/03 1 1S	
	and discharged from the hospital on 06/02/03	
2.	The amount due for hospital care during the above time period  THREE THOUSAND EIGHT HUNDRED FOURTEEN AND 30/	53814.30 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 INSURANCE 2602 CHICAGO STREET VALPARAISO, IN 46384 CL 14-166002		
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:		
JUDITH KLOHA, 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.		
	ped and sworn to before me a Notary Public this day of	JUNE 20 03
	nmission Expires: $02/14/09$ g in Lake County, Indiana $LIS$	WARD, Notary Public
This inst	trument was prepared by JUDITH KLOHA	/

LIEN

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