SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL

LIEN

FILED FOR RECORD

2003 075159

2000 JHL 21 71. H

The undersigned individual executing this instrument, having been duly sworn upon his/her oath, under the penaltic of perjury hereby states that Claimant intends to hold a Hospital Lien as described above and that the facts and matter 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		2003 0	IDIDD AND ME AT THE ACCOUNT
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Suite 300 Indianapolis, IN 46204 You are hereby notified that The Munster Medical Research Foundation d/b/a The Community Hospital who address is 901 MacArthur Blvd., Munster, Indiana 46321, intends to hold a hospital lien for all reasonable an necessary charges for hospital care, treatment, or maintenance of the above-listed patient as follows: 1. The patient was admitted to the hospital or 06/19/03 and discharged from the hospital or 06/19/03 2. The amount due for hospital care during the above time period 19/04/19/05 TWO THOUSAND THREE HUNDRED EIGHTY ONE AND 75/100 3. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that diffollowing named individuals and/or entitles are liable for damages arising from the patient's illness or injunicalising the hospital stay: PROGRESSIVE INSURACE 5521 W LINCOLNWAY CROWN POINT, IN 46307 CL 03091592 This lien is being filed pursuant to the Hospital Lien Law, IC 32-8-26 in the Office of the Recorder of the County which the hospital is located, within one hundred cighty (180) days after the patient was discharged from the hospital for hundred cighty (180) days after the patient was discharged from the hospital for hundred cighty (180) days after the patient was discharged from the hospital for hundred cighty (180) days after the patient was discharged from the hospital for hundred cighty (180) days after the patient was discharged from the hospital for hundred cighty (180) days after the patient was discharged from the hospital field and the patient of perjury hereby states that Claimant intends to hold a Hospital Lien as described above and that the facts and matter 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 a	TO:	EMELIAN KARGOL	MODERT CO.
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307 The patient was admitted to the hospital or and discharged from the hospital or following named individuals and/or entitles are liable for damages arising from the patient's illness or injun causing the hospital stay: PROGRESSIVE INSURACE 521 W LINCOLNWAY CROWN POINT, IN 46307 CL 0.3091592 This lien is being filed pursuant to the Hospital Lien Law, LC 328-26 in the Office of the Recorder of the County which the hospital is located, within one hundred ciptiny (189) days after the patient was admitted to the Hospital lien for hospital stay: PROGRESSIVE INSURACE 5221 W LINCOLNWAY CROWN POINT, IN 46307 CL 0.3091592 This lien is being filed pursuant to the Hospital Lien Law, LC 328-26 in the Office of the Recorder of the County which the hospital is located, within one hundred ciptiny (189) days after the patient was discharged from the hospital for perjury hereby states that Claimant intends to hold a Hospital Lien as described above and that the facts and matter 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 Office manually Hospital, being duly sworn upon his/her oath, under the facts stated in the foregoing are true and correct.	Patient:	EMELIAN KARGOL 6356460	TEOCH TO THE TEOCH
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his/her oath, says that the facts stated in the foregoing are true and correct.			
Subscribed and sworn to before me a Notary Public this I^{ST} day of UUV	nis/ner oati	n, says that the facts stated in the foregoing are true and	ander Bloke

This instrument was prepared by JUDITH KLOHA LIEN

My Commission Expires: <u>02/14/09</u> Residing in Lake County, Indiana

29-20-C

LISA WARD, Notary Public