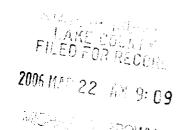


LIEN

2006 023366



SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	THERESA MAGLIOCCA	
	THERESA MAGLIOCCA PT #05052441	ATTORNEY:
	862 E. INDIANA STRET	
	HAMMOND, IN 46320	
	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
MacA	are hereby notified that The Munster Medical Research Found Arthur Blvd., Munster, Indiana 46321, intends to hold a hospital ment, or maintenance of the above-listed patient as follows:	ation d/b/a The Community Hospital whose address is 901 lien for all reasonable and necessary charges for hospital care,
1.	This Document is 100 and discharged from the hospital on 20/21/06 02/21/06	the property of y Recorder!
2.	The amount due for hospital care during the above time period three THOUSAND ONE HUNDRED SEVENTY SEVEN	od \$3,177.40 N AND 40/100 DOLLARS
hospir indivi Claim true a STA1 COU	individuals and/or entitles are liable for damages arising from KOZLOWSKI & A. P.O. BOX 9037 HIGHLAND, IN A POLICY #INB379 lien is being filed pursuant to the Hospital Lien Law, I.C. 32-8 ital is located, within one hundred eighty (180) days after the idual executing this instrument, having been duly sworn upon mant intends to hold a Hospital Lien as described above and that and correct. TE OF INDIANA) NTY OF LAKE) SS:	26 in the Office of the Recorder of the County in which the patient was discharged from the hospital. The undersigned his/her oath, under the penalties of perjury hereby states that the facts and matters set forth in the foregoing statement are
	ISTA HACKER, being the collection clerk for the above named, says that the facts stated in the foregoing are true and correct.	The Community Hospital, being duly sworn upon his/her Christa Hacker, PFS Support
Subsc	cribed and sworn to before me a Notary Public this	Day of <i>MARCH</i> 20 06
•	Commission Expires: <u>02/14/09</u> ling in Lake County, Indiana	LISA WARD, Notary Public
This i	instrument was prepared by CHRISTA HACKER	

#026019

Prescribed by the State Board of Accounts (2005)

County form 170

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do herby affirm under the penalties of perjury.

- 1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
- 2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

Signature of Declarant

Printed Name of Declarant