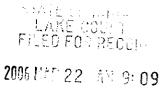


LIEN

2006 023368



SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	THOMAS TORRES	
	THOMAS TORRES PT #01436995	
	712 PINTAIL LANE	
	HOBART, IN 46342	
	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
a hospit follows:	hereby notified that St. Catherine Hospital whose address is 4321 al lien for all reasonable and necessary charges for hospital care, to the patient was admitted to the hospital on 02/10/06	reatment, or maintenance of the above-listed patient as
1.	and discharged from the hospital on the hospit	Recorder!
2.	The amount due for hospital care during the above time period TEN THOUSAND THREE HUNDRED NINETY FIVE AND 8	\$10,395.80 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: LIBERTY MUTUAL 8136 W. 143 RD STREET ORLAND PARK, IL. 60462 CL #0064514500005 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 LAWE 1886		
COUNTY OF LAKE) SS: CHRISTA HACKER, being the collection clerk for the above named, St. Catherine Hospital, being duly sworn upon his/her oath,		
says tha	at the facts stated in the foregoing are true and correct.	Christa Hacker CHRISTA HACKER, PFS Support
Subscri	bed and sworn to before me a Notary Public this 7 TH	Day of <u>MARCH</u> 20 <u>06</u>
	mmission Expires: <u>02/14/09</u> g in Lake County, Indiana	LISA WARD, Notary Public
This instrument was prepared by CHRISTA HACKER		

11-4074019 55 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 reducted, 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