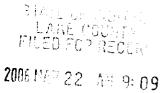


LIEN

2006 023371



POWN

MI.

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	FRANK KOZA	
	FRANK KOZA PT #05030466	ATTORNEY:
	3242 FRANKLIN STREET	
	HIGHLAND, IN 46322	
	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
MacArtl	hur Blvd., Munster, Indiana 46321, intends to hold a hospitant, or maintenance of the above-listed patient as follows:	ndation d/b/a The Community Hospital whose address is 901 al lien for all reasonable and necessary charges for hospital care,
1.	This Document is The patient was admitted to the hospital on and discharged from the hospital on 01/25/01/25/	the property of Recorder!
2.	The amount due for hospital care during the above time pe	
-	FIVE THOUSAND SEVENTY TWO AND 00/100	DOLLARS
3.	individuals and/or entitles are liable for damages arising from AAA CLAIMS 975 MERIDIAN AURORA, IL 60 CL #IN971835	LAKE DRIVE
hospital individu	is located, within one hundred eighty (180) days after the nal executing this instrument, having been duly sworn upon it intends to hold a Hospital Lien as described above and the	-8-26 in the Office of the Recorder of the County in which the patient was discharged from the hospital. The undersigned in his/her oath, under the penalties of perjury hereby states that hat the facts and matters set forth in the foregoing statement are
	OF INDIANA) TY OF LAKE) SS:	
	<u>FA HACKER</u> , being the collection clerk for the above named ys that the facts stated in the foregoing are true and correct.	The Community Hospital, being duly sworn upon his/her Christa Hacker, PFS Support
Subscrib	bed and sworn to before me a Notary Public this 7^7	Day of <u>MARCH</u> 20 <u>06</u>
	nmission Expires: 02/14/09 g in Lake County, Indiana	LISA WARD, Notary Public
This inst	trument was prepared by CHRISTA HACKER	

HO21.019

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