

2006 023372

2006 MAR 22 AM 9:09

REC'D BY BROWN

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

TO: **BRANNON WESLEY**

**BRANNON WESLEY PT #05033169**

ATTORNEY:

**529 TAFT PLACE**

**GARY, IN 46404**

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

You are hereby notified that The Munster Medical Research Foundation d/b/a The Community Hospital whose address is 901 MacArthur Blvd., Munster, Indiana 46321, intends to hold a hospital lien for all reasonable and necessary charges for hospital care, treatment, or maintenance of the above-listed patient as follows:

- The patient was admitted to the hospital on 01/25/06 and discharged from the hospital on 01/25/05
- The amount due for hospital care during the above time period \$2,609.10  
**FIVE THOUSAND SEVENTY TWO AND 00/100** 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 entities are liable for damages arising from the patient's illness or injury causing the hospital stay:

NATIONWIDE MUTUAL INSURANCE  
800 GRAVE MILL ROAD  
LYNCHBURG, VA 24506  
CL #9113D00354201250601

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:

CHRISTA HACKER, 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.

Christa Hacker  
CHRISTA HACKER, PFS Support

Subscribed and sworn to before me a Notary Public this

7<sup>TH</sup> Day of MARCH 20 06

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

Lisa d. Ward  
LISA WARD, Notary Public

This instrument was prepared by CHRISTA HACKER  
LIEN

026019  
#11-  
SS

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 hereby 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.



*Christa Hacker*

Signature of Declarant

Christa Hacker

Printed Name of Declarant