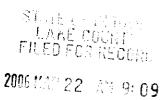
V

LIEN

2006 023374



SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	JAMES FIFE	
	JAMES FIFE PT #05002204	ATTORNEY:
	4201 INDIANAPOLIS BLVD.	
	EAST CHICAGO, IN 46312	
	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	the hereby notified that The Munster Medical Research For thur Blvd., Munster, Indiana 46321, intends to hold a hospi at, or maintenance of the above-listed patient as follows:	undation d/b/a The Community Hospital whose address is 901 tal lien for all reasonable and necessary charges for hospital care,
1.	The patient was admitted to the hospital on and discharged from the hospital on 12/09	the property of Recorder!
2.	The amount due for hospital care during the above time p FIFTEEN THOUSAND THREE HUNDRED NINE All	
3. 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: HARTFORD INSURANCE P.O. BOX 3118 NAPERVILLE, IL. 60566 CL #CLCA0006145453 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 swort 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:		
	TA HACKER, being the collection clerk for the above name ys that the facts stated in the foregoing are true and correct	d, The Community Hospital, being duly sworn upon his/her CHRISTA HACKER, PFS Support
Subscrib	bed and sworn to before me a Notary Public this	Day of <i>MARCH</i> 20 06
	nmission Expires: <u>02/14/09</u> g in Lake County, Indiana	LISA WARD, Notary Public
This instrument was prepared by CHRISTA HACKER		

#02699

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