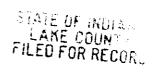
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MICHALIA GROWN SWORN STATEMENT & NOTICE OF INTERPROPRIOTION HOLD HOSPITAL LIEN

TO:	JAMES MITCHELL	
	JAMES MITCHELL # 05146939	ATTORNEY:
	8316 SCHREIBER DRIVE	
	MUNSTER, IN 46321	
	Recorder of Lake County, Indiana Lake County Government Center	Indiana Department of Insurance 311 West Washington Street
	2293 North Main Street	Suite 300
	Crown Point, Indiana 46307	Indianapolis, IN 46204
MacArt	thur Blvd., Munster, Indiana 46321, intends to hold a hospita ant, or maintenance of the above-listed patient as follows: This Document is The patient was admitted to the hospital on the 107/10/6	the property of
	and discharged from the hospital on 07/10/0	
2.	The amount due for hospital care during the above time per THREE THOUSAND FIVE HUNDRED NINETY THREE	
hospital individu Claimar true and STATE	FARM BUREAU I 2008 N. MAIN ST CROWN POINT, CLAIM #: 11N1 on is being filed pursuant to the Hospital Lien Law, I.C. 32- is located, within one hundred eighty (180) days after the lal executing this instrument, having been duly sworn upon	INSURANCE PREET IN 46307
CHRIST path, say	<u>TA HACKER</u> , being the collection clerk for the above named, ys that the facts stated in the foregoing are true and correct. I able care to redact each Social Security number in this docum	affirm under the penalties for perjury, that I have taken ent, unless requested by law.
		Christa Hacher CHRISTA HACKER, PFS Support
		CHRISTA HACKER, PFS Support
Subscrib	ped and sworn to before me a Notary Public this 9 TH	Day of _ <i>AUGUST</i> 20 06
	nmission Expires: <u>02/14/09</u> g in Lake County, Indiana	LISA WARD, Notary Public
Γhis inst LIEN	trument was prepared by CHRISTA HACKER	

> Cammunita