STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2007 099058

2007 DEC 19 AM 9: 1-

MICHAEL A. BROWN RECORDER

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307 You are hereby notified that The Munster Medical Research Foundation d'o's The Community Hospital whose addr MacArthur Blvd, Munster, Indiana 46327 intends to hold a hospital fen for all teasonable and necessary charges for hos treatment, or maintenance of the above-listed patient as follows: 1. The patient was admitted to the hospital on and discharged from the hospital of the Ho	GENE	EVA BROWN						
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307 You are hereby notified that The Munster Medical Research Foundation db/a The Community Hospital whose addr MacArthur Blvd., Munster, Indiana 46321, intends to hold a hospital lien for all reasonable and necessary charges for host reatment, or maintenance of the above listed patient as follows: 1. The patient was admitted to the hospital on and discharged from the hospital on and discharged from the hospital on 1. The patient was admitted to the hospital on and discharged from the hospital on 2. The amount due for hospital care during the above time period SIX THOUSAND EIGHT HUNDRED SEVENTY THREE AND 55/100 3. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the followindividuals and/or entitles are liable for damages arising from the patient's illness or injury causing the hospital's individuals and/or entitles are liable for damages arising from the patient's illness or injury causing the hospital's LAFAYETTE, IN 47906 CLAIM#: 14-2159-046 This lien is being filed pursuant to the Hospital Lien Law, IC, 32-8-26 in the Office of the Recorder of the County in nospital is located, within one hundred eighty (180) days after the patient was discharged from the hospital. The undividual executing this instrument, having been duly swom upon hisher oath, under the penalties of perjury hereby. Laimant intends to hold a Hospital Lien as described above and that the facts and matters set forth in the foregoing startue and correct. STATE OF INDIANA) COUNTY OF LAKE SS: CHRISTA HACKER, being the collection clerk for the above named, The Community Hospital, being duly swom upon his tath, says that the facts stated in the foregoing are true and correct. I affirm under the penalties for perjury, that I have takesonable care to redact each Social Security number in this document, unless requested by law. CHRISTA HACKER, being the collection clerk for the	GENE	VEVA BROWN PT #0548	4815	ATTORNEY:				
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307 You are hereby notified that The Munster Medical Research Foundation db/a The Community Hospital whose addr MacArthur Blvd., Munster, Indiana 46321, intends to hold a hospital len for all reasonable and necessary charges for hos reatment, or maintenance of the above-listed patient as follows: 1. The patient was admitted to the hospital on and discharged from the hospital on the patient's legal representative claims that the following individuals and/or entitles are liable for damages arising from the patient's legal representative claims that the following individuals and/or entitles are liable for damages arising from the patient's legal representative claims that the following individuals and/or entitles are liable for damages arising from the patient's legal representative claims that the following individuals and/or entitles are liable for damages arising from the patient's lilness or injury causing the hospital significant in the foregoing in the claims that the following individual executing this instrument, having been duly sworn upon his/her oath, under the penaltics of perjury hereby laimant intends to hold a Hospital Lien as described above and that the facts and matters set forth in the foregoing status and correct. That of Indiana Depatient was discharged from the hospital being duly sworn upon his ath, says that the facts stated in the foregoing are true and correct. I affirm under the penaltics for perjury, that I have taleasonable care to redact each Social S	1825 [N. ARBOGAST ST., APT.	-					
Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307 You are hereby notified that The Munster Medical Research Foundation do a The Community Hospital whose addr MacArthur Blvd., Munster, Indiana 46321, intends to hold a hospital lien for all reasonable and necessary charges for hose reatment, or maintenance of the above-listed patient as follows: The patient was admitted to the hospital on and discharged from the hospital on and discharged from the hospital on 10/13/07 The amount due for hospital care during the above time period 56,873.55 SIX THOUSAND EIGHT HUNDRED SEVENTY THREE AND 55/100 DOLLARS To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the followindividuals and/or entitles are liable for damages arising from the patient's illness or injury causing the hospital sindividuals and/or entitles are liable for damages arising from the patient's illness or injury causing the hospital sindividuals and/or entitles are liable for damages arising from the patient's illness or injury causing the hospital sindividuals and/or entitles are liable for damages arising from the patient's illness or injury causing the hospital sindividuals and/or entitles are liable for damages arising from the patient's illness or injury causing the hospital sindividuals and/or entitles are liable for damages arising from the patient's illness or injury causing the hospital sindividuals and/or entitles are liable for damages arising from the patient's illness or injury causing the hospital sindividuals and/or entitles are liable for damages arising from the patient's illness or injury causing the hospital sindividuals and/or entitles are liable for damages arising from the patient's illness or injury causing the hospital sindividuals and/or entitles are liable for damages arising from the patient's illness or injury causing the hospital sindividuals and/or entitles are liable for damages arising from the patient's liable for damages arising from the	GRIF	FFITH, IN 46319		-				
2293 North Main Street Crown Point, Indiana 46307 You are hereby notified that The Munster Medical Research Foundation d/b/a The Community Hospital whose addr MacArthur Blvd., Munster, Indiana 46321, inches to hold a hospital lien for all reasonable and necessary charges for hos reatment, or maintenance of the above listed patient as follows: This Document is the property of The patient was admitted to the hospital on and discharged from the hospital on and discharged from the hospital on and discharged from the hospital care during the above time period St. Thous. The amount due for hospital care during the above time period St. THOUSAND EIGHT HUNDRED SEVENTY THREE AND 55/100 DOLLARS To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the followindividuals and/or entitles are liable for damages arising from the patient's illness or injury causing the hospital significant is located, within one hundred eighty (180) days after the patient was discharged from the hospital. The underividual executing this instrument, having been duly swom upon his/her oath, under the penalties of perjury hereby claimant intends to hold a Hospital Lien as described above and that the facts and matters set forth in the foregoing statute and correct. TATE OF INDIANA) CUNITY OF LAKE) SS: CHRISTA HACKER, being the collection clerk for the above named, The Community Hospital, being duly swom upon his ath, says that the facts stated in the foregoing are true and correct. I affirm under the penalties for perjury, that I have tal teasonable care to redact each Social Security number in this document, unless requested by law. CHRISTA HACKER, PFS Support							e	
Crown Point, Indiana 46307 Crown Point, Indiana 46307 Lou are hereby notified that The Munster Medical Research Foundation dtb/a The Community Hospital whose addr MacArthur Blvd., Munster, Indiana 46321, intends to hold a hospital lien for all reasonable and necessary charges for hose reatment, or maintenance of the above listed patient as follows: The patient was admitted to the hospital on and discharged from the hospital on and discharged from the hospital on and discharged from the hospital care during the above time period Statthousand Eight Hundred Seventy Three and 55/100 DOLLARS To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the followindividuals and/or entitles are liable for damages arising from the patient's illness or injury causing the hospital sindividual executing this instrument, having been duly sworn upon his left oath, under the penalties of perjury hereby claimant intends to hold a Hospital Lien as described above and that the facts and matters set forth in the foregoing statue and correct. TATE OF INDIANA) OUNTY OF LAKE) SS: **ERISTA HACKER**, being the collection clerk for the above named, The Community Hospital, being duly sworn upon his ath, says that the facts stated in the foregoing are true and correct. I affirm under the penalties for perjury, that I have tall easonable care to redact each Social Security number in this document, unless requested by law. **CHRISTA HACKER**, PFS Support**		•	•	Suite 300				
You are hereby notified that The Munster Medical Research Foundation d'b'a The Community Hospital whose addrivated that The Munster, Indiana 46321, intends to hold a hospital lien for all reasonable and necessary charges for hospital care during the above time period Solution of the hospital care during the above time period SIX THOUSAND EIGHT HUNDRED SEVENTY THREE AND 55/100 DOLLARS To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the follow individuals and/or entitles are liable for damages arising from the patient's illness or injury causing the hospital sindividual executing this instrument, having been duly sworn tipon his/her oath, under the penalties of perjury hereby claimant intends to hold a Hospital Lien as described above and that the facts and matters set forth in the foregoing statue and correct. TATE OF INDIANA) NOUNTY OF LAKE) SS: CHRISTA HACKER, being the collection clerk for the above named, The Community Hospital, being duly sworn upon his ath, says that the facts stated in the foregoing are true and correct. I affirm under the penalties for perjury, that I have tal easonable care to redact each Social Security number in this document, unless requested by law. CHRISTA HACKER, PFS Support								
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ubscribed and sworn to before me a Notary Public this 27^{11} Day of NOVEMBER 20 07	al is located, with dual executing this ant intends to hold ad correct. E OF INDIANA) ITY OF LAKE) S STA HACKER, being a systhat the facts stable care to redact	pursuant to the Hospital Lithin one hundred eighty (18 his instrument, having been lid a Hospital Lien as described as SS: eing the collection clerk for the stated in the foregoing are truct each Social Security number 1.	the above named, The rue and correct. I affilber in this document,	eRN AVENUE 7, IN 47906 6 in the Office of tient was discharated to the facts and matter than the facts and matter than the facts requested to the facts and matter than the facts requested to the facts and matter than the facts are the facts a	ospital, being on alties for perd by law. TA HACKER,	e hospital. The of perjury here in the foregoing duly sworn upon jury, that I have the personal person	e undersigned by states that statement are h his/her	
My Commission Expires: 02/14/09	mmission Expires:	s: <u>02/14/09</u>	this <u>27</u> 222	_ Day of _	NOVEMBER	$\frac{1}{2}$ $\frac{20}{2}$	07 VLA.	
esiding in Lake County, Indiana LISA WARD, Notary Public	ig in Lake County,	y, Indiana		LISA W.	ARD, Notary		/ 1	
his instrument was prepared by CHRISTA HACKER IEN	strument was prepa	pared by CHRISTA HACK	ER				11. k 3139k	
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