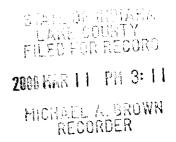
2008 017898



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

ANGELA CARLSSON			
ANGELA CARLSSON PT #01614362			
934 BOXWOOD DRIVE			
MUNSTER, IN 46321			
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307		Indiana Departm 311 West Washi Suite 300 Indianapolis, IN	-
lien for all reasonable and necessary charges for	hospital care, treat	ment, or maintenance	ndiana 46312, intends to hold of the above-listed patient as
		order!	
		\$5,172.80	DOLLARS
o the best of the Hospital's knowledge, the patien	it or the patient's le	egal representative cla	ims that the following named
P.O. BOX TAMPA, F CLAIM #s s being filed pursuant to the Hospital Lien Law, I located, within one hundred eighty (180) days a executing this instrument, having been duly swo ntends to hold a Hospital Lien as described above	31260 FL 33631 : 084706678 I.C. 32-8-26 in the after the patient were upon his/her oa	Office of the Recorders discharged from the the under the penalties	e hospital. The undersigned of perjury hereby states that
•			
ne facts stated in the foregoing are true and correct.	I affirm, under th	e penalties for perjury,	that I have taken reasonable  Huke
and sworn to before me a Notary Public this		ay of MARCH	20 08
and sworn to before me a Notary Public this ission Expires: 02/14/09  Lake County, Indiana		ay of MARCH LISA WARD, Notary	20 <u>08</u> 20 <u>08</u> Public 11-
ission Expires: <u>02/14/09</u>	<i>5<sup>TH</sup></i> D	ZW.	20 08 11- LP 0332276
	Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307  This Document The patient was admitted to the hospital whose at dien for all reasonable and necessary charges for the amount due for hospital care during the above of the amount due for hospital care during the above of the best of the Hospital's knowledge, the patient addividuals and/or entitles are liable for damages are progress.  PROGRES P.O. BOX TAMPA I CLAIM #  Is being filed pursuant to the Hospital Lien Law, located, within one hundred eighty (180) days a executing this instrument, having been duly swomends to hold a Hospital Lien as described above or the facts stated in the foregoing are true and correct.	Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307  ereby notified that St. Catherine Hospital whose address is 4321 Fir State and discharged from the hospital on 02/28/08  The patient was admitted to the hospital on 02/28/08  The amount due for hospital care during the above time period of the amount due for hospital care during the above time period of the Hospital's knowledge, the patient or the patient's leadividuals and/or entitles are liable for damages arising from the patient's leadividuals and/or entitles are liable for damages arising from the patient's leadividuals and/or entitles are liable for damages arising from the patient or the patient's leadividuals and/or entitles are liable for damages arising from the patient or the located, within one hundred eighty (180) days after the patient we executing this instrument, having been duly sworn upon his/her oantends to hold a Hospital Lien as described above and that the facts orrect.  FINDIANA)  OF LAKE ) SS:  HACKER, being the collection clerk for the above named, St. Catherine facts stated in the foregoing are true and correct. I affirm, under the	Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307  Indianapolis, IN  Bereby notified that St. Catherine Hospital whose address is 4321 Fir Street, East Chicago, Indianapolis, IN  Indianapolis, IN  Bereby notified that St. Catherine Hospital whose address is 4321 Fir Street, East Chicago, Indianapolis, IN  This Document is the property of  The patient was admitted to the hospital on 02/28/08  The amount due for hospital care during the above time period  The amount due for hospital care during the above time period  THOUSAND ONE HUNDRED SEVENTY TWO AND 80/100  TO the best of the Hospital's knowledge, the patient or the patient's legal representative cladividuals and/or entitles are liable for damages arising from the patient's illness or injury can be properly and the patient of the patient of the Pospital CLAIM #: 034706678  Is being filed pursuant to the Hospital Lien Law, I.C. 32-8-26 in the Office of the Record located, within one hundred eighty (180) days after the patient was discharged from the executing this instrument, having been duly sworn upon his/her oath, under the penalties or or or other care.  FINDIANA)  OF LAKE ) SS:  HACKER, being the collection clerk for the above named, St. Catherine Hospital, being dule facts stated in the foregoing are true and correct. I affirm, under the penalties for perjury, act each Social Security number in this document, unless required by law.