## STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

## 2008 067397

2008 SEP 29 AM 8: 44

## SWORN STATEMENT & NOTICE OF INTENDED HOLD HOSPITAL LIEN

### Trible in is being filed pursuant to the Hospital Sare Inible for damages arising from the patient's illness or injury causing the hospital stay:  #### ALSTATE INSURANCE P.O. BOX 440519  **LANGE TABLE REPORT OF the Hospital Lien is a described above, and that the facts and matters set forth in the foregoing statement a treat and correct. I affirm, under the penalties for perjury, that I have taken creatored that St. Surply and the Social Security number in this document, unless required by law.  ###################################	TO:	STEVEN SCHAU	
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Suite 300 Indianapolis, IN 46204 You are hereby notified that St. Mary Medical Center whose address is 1500 \$S. Lake Park Ave., Hobart, Indiana 46342, intends hold a hospital lien for all reasonable and necessary charges for hospital care, treatment, or maintenance of the above-listed patie as follows:  1. The patient was admitted to the hospital on the control of the patient of the patient was admitted for the hospital on the control of the patient of the patient's legal representative claims that the following name individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital stay:  **ALLSTATE INSURANCE** P.O. BOX 440519 KENNESAW: CA. 30160 CLAIM's: 55606/3397 This lien is being filed pursuant to the Hospital Liei Law, I.C. 32-8-26 in the Office of the Recorder of the County in which it hospital is located, within one hundred eighty (180) days after the patient was discharged from the hospital. The undersign individual executing this instrument, having been duly swort upon his/her oath, under the penalties of perjury hereby states the Claimant intends to hold a Hospital Liei as described above and that the facts and matters set forth in the foregoing statement a true and correct.  STATE OF INDIANA) COUNTY OF LAKE ) SS:  **CHRISTA HACKER**, being the collection clerk for the above named, St. Mary Medical Center, being duly sworn upon his/her oath, says that the facts stated in the foregoing are true and correct. I affirm, under the penalties for perjury, that I have taken reasonable.  **CHRISTA HACKER**, being the collection clerk for the above named, St. Mary Medical Center, being duly sworn upon his/her oath, says that the facts stated in the foregoing are true and correct. I af		STEVEN SCHAU PT #10285938 & 10297162	-
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307  You are hereby notified that St. Mary Medical Center whose address is 1500 St. Lake Park Ave., Hobart, Indiana 46342, intends hold a hospital lien for all reasonable and necessary charges for hospital care, treatment, or maintenance of the above-listed patie as follows:  1. The patient was admitted to the hospital on 10724/08 108002/08 and discharged from the hospital on 10724/08 108008/08 1  2. The amount due for hospital care during the above time period 0/NE THOUSAND THREE HUNDRED SIXTY TWO AND 00/100 DOLLARS  3. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the following name individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital stay:  **ALLSTATE INSURANCE** P.O. BOX 440519 KENNESAW, (14, 30160 CLAIM 3: 55606/3397  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 thospital is located, within one hundred eighty (180) days after the patient was discharged from the hospital. The undersigne individual executing this instrument, having been fully sworm upon his/her oath, under the penalties of perjury hereby states the true and correct.  STATE OF INDIANA)  COUNTY OF LAKE 1 SS:  **CHRISTA HACKER**, being the collection clerk for the above named, St. Mary Medical Center, being duly sworn upon his/her oath, says that the facts stated in the foregoing are true and correct. I affirm, under the penalties for perjury, that I have taken reasonable  Care to redact each Social Security number in this document, unless required by law.  **CHRISTA HACKER**, PES Support  Subscribed and sworn to before me a Notary Public this  **Day of SEPTEMBER** 20 88		4123 PARK AVENUE	
Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307  You are hereby notified that St. Mary Medical Center whose address is 1500 St. bake Park Ave., Hobart, Indiana 46342, intends hold a hospital lien for all reasonable and necessary charges for hospital care, treatment, or maintenance of the above-listed patie as follows:  1. The patient was admitted to the hospital on Lake 072208 0808081  2. The amount due for hospital care during the above time period 0NE THOUSAND THREE HUNDRED SINTY TWO AND 000100  3. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the following name individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital stay:  **ALLSTATE INSURANCE** P.O. BOX 440519 KENNESAW, GA. 30160 CLAIM 9: 5560647397  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 thospital is located, within one hundred eighty (180) days after the patient was discharged from the hospital. The undersign individual executing this instrument, having been duly sworn upon his/her oath, under the penalties of perjury hereby states the Claimant intends to hold a Hospital Lien as described above attributed that the facts and matters set forth in the foregoing statement a true and correct.  STATE OF INDIANA)  COUNTY OF LAKE ) SS:  **CHRISTA HACKER**, being the collection clerk for the above named, St. Mary Medical Center, being duly sworn upon his/her oath, and for the penalties for perjury, that I have taken reasonable  Care to redact each Social Security number in this document, unless required by law.  **CHRISTA HACKER**, PFS Support  Subscribed and sworn to before me a Notary Public this  **Day of SEPTEMBER** 20 08		LAKE STATION, IN 46405	
hold a hospital lien for all reasonable and necessary charges for hospital care, treatment, or maintenance of the above-listed paties as follows:  1. The patient was admitted to the hospital on the control of the patient was admitted to the hospital on the control of the patient was admitted to the hospital on the control of the patient was admitted to the hospital on the control of the patient was admitted to the hospital on the control of the patient was admitted to the hospital on the patient was admitted to the hospital on the patient was admitted to the hospital care during the above time period one that the following has and one that the following has and one that the following has and or entities are liable for damages arising from the patient's legal representative claims that the following name individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital stay:  **ALLSTATE INSURANCE*** P.O. BOX 440519  **RENNESAW. GA. 30160  **CLAIM #: *5560647397*  This lien is being filed pursuant to the Hospital Lien Law, I.C. 32.8-36 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 the Claimant intends to hold a Hospital Lien as described above and that the facts and matters set forth in the foregoing statement a true and correct.  **STATE OF INDIANA** **COUNTY OF LAKE** **CHRISTA HACKER**, being the collection clerk for the above named, St. Mary Medical Center, being duly sworn upon his/her oath, says that the facts stated in the foregoing are true and correct. I affirm, under the penalties for perjury, that I have taken reasonable  **CARRISTA HACKER**, being the collection clerk for the above named, St. Mary Medical Center, being duly sworn upon his/her oath, says that the facts stated in the foregoing ar		Lake County Government Center 2293 North Main Street	311 West Washington Street Suite 300
2. The amount due for hospital care during the above time period  ONE THOUSAND THREE HUNDRED SIXTY TWO AND 00/100  3. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the following name individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital stay:  ALLSTATE INSURANCE  P.O. BOX 440519  KENNESAW, GA. 30160  CLAM#: 5560647397  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 the Claimant intends to hold a Hospital Lien as described above and that the facts and matters set forth in the foregoing statement a true and correct.  STATE OF INDIANA)  COUNTY OF LAKE ) SS:  CHRISTA HACKER, being the collection clerk for the above named, St. Mary Medical Center, being duly sworn upon his/her oath, says that the facts stated in the foregoing are true and correct. I affirm, under the penalties for perjury, that I have taken reasonable  Care to redact each Social Security number in this document, unless required by law.  CHRISTA HACKER, PFS Support  Subscribed and sworn to before me a Notary Public this  18 <sup>TH</sup> Day of SEPTEMBER 20 08	hold a	a hospital lien for all reasonable and necessary charges for hospita	is 1500 S. Lake Park Ave., Hobart, Indiana 46342, intends to tal-care, treatment, or maintenance of the above-listed patient
2. The amount due for hospital care during the above time period ONE THOUSAND THREE HUNDRED SIXTY TWO AND 00/100 DOLLARS  3. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the following name individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital stay:  ALLSTATE INSURANCE P.O. BOX 440519 KENNESAW, GA. 30160 CLAM #: 5560647397  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 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 the Claimant intends to hold a Hospital Lien as described above and that the facts and matters set forth in the foregoing statement a true and correct.  STATE OF INDIANA) COUNTY OF LAKE ) SS:  CHRISTA HACKER, being the collection clerk for the above named, St. Mary Medical Center, being duly sworn upon his/her oath, says that the facts stated in the foregoing are true and correct. I affirm, under the penalties for perjury, that I have taken reasonable  Care to redact each Social Security number in this document, unless required by law.  CHRISTA HACKER, PFS Support  Subscribed and sworn to before me a Notary Public this  18 <sup>TH</sup> Day of SEPTEMBER  20 08	1.	The patient was admitted to the hospital on 07/24/08 and discharged from the hospital on 07/29/08	e pro8/02/08 y of Rec08/08/08
3. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the following name individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital stay:  **ALLSTATE INSURANCE** P.O. BOX 440519 KENNESAW, GA. 30160 CLAM #: 5560647397  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 undersigne individual executing this instrument, having been duly sworn upon his/her oath, under the penalties of perjury hereby states the Claimant intends to hold a Hospital Lien as described above/and that the facts and matters set forth in the foregoing statement a true and correct.  STATE OF INDIANA) COUNTY OF LAKE ) SS:  **CHRISTA HACKER*, being the collection clerk for the above named, St. Mary Medical Center, being duly sworn upon his/her oath, says that the facts stated in the foregoing are true and correct. I affirm, under the penalties for perjury, that I have taken reasonable Care to redact each Social Security number in this document, unless required by law.  **CHRISTA HACKER*, PFS Support**  Subscribed and sworn to before me a Notary Public this  **18 <sup>TH</sup> *  Day of **SEPTEMBER*  20 08	2.		
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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 the Claimant intends to hold a Hospital Lien as described above and that the facts and matters set forth in the foregoing statement a true and correct.  STATE OF INDIANA)  COUNTY OF LAKE ) SS:  CHRISTA HACKER, being the collection clerk for the above named, St. Mary Medical Center, being duly sworn upon his/her oath, says that the facts stated in the foregoing are true and correct. I affirm, under the penalties for perjury, that I have taken reasonable  Care to redact each Social Security number in this document, unless required by law.  CHRISTA HACKER, PFS Support  Subscribed and sworn to before me a Notary Public this  18 <sup>TH</sup> Day of SEPTEMBER  20 08		KENNESAW, GA 3	
COUNTY OF LAKE ) SS:  CHRISTA HACKER, being the collection clerk for the above named, St. Mary Medical Center, being duly sworn upon his/her oath, says that the facts stated in the foregoing are true and correct. I affirm, under the penalties for perjury, that I have taken reasonable  Care to redact each Social Security number in this document, unless required by law.  CHRISTA HACKER, PFS Support  Subscribed and sworn to before me a Notary Public this  18 <sup>TH</sup> Day of SEPTEMBER  20 08	hospit indivi Claim	tal is located, within one hundred eighty (180) days after the pardual executing this instrument, having been duly sworn upon him ant intends to hold a Hospital Lien as described above and that the	patient was discharged from the hospital. The undersigned his/her oath, under the penalties of perjury hereby states that
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Subscribed and sworn to before me a Notary Public this  18 <sup>TH</sup> Day of SEPTEMBER  20 08	oath,	says that the facts stated in the foregoing are true and correct. I af	St. Mary Medical Center, being duly sworn upon his/her affirm, under the penalties for perjury, that I have taken
100 Q 1 101 d	Care 1	to redact each Social Security number in this document, unless rec	^ . <b>~</b> !
My Commission Expires: 02/14/09	Subsc	cribed and sworn to before me a Notary Public this 18 <sup>TH</sup>	Day of <u>SEPTEMBER</u> 20 <u>08</u>
Residing in Lake County, Indiana  LISI WARD, Notary Public			LIST WARD, Notary Public
This instrument was prepared by CHRISTA HACKER	This i	nstrument was prepared by CHRISTA HACKER	
11-99			11-99