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RECORDED

Return to: Sisters of St. Francis Health Services Attn: Megan
2434 Interstate Plaza Dr. Ste 2 Hammond IN 46307

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:

Patient: Caudill, Patricia
1261 E 800 N
Lake Village, IN 46349

Attorney: _____

Recorder of Lake County, Indiana
Lake County Government Center
2293 North Main Street
Crown Point, Indiana 46307

Indiana Department of Insurance
311 W. Washington Street
Suite 300
Indianapolis, IN 46204

You are hereby notified that ST. ANTHONY MEDICAL CENTER, 1201 S. Main St., Crown Point, IN 46307, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment, or maintenance of the above listed patient as follows:

1. The patient was admitted to the hospital on January 31, 2009 and was discharged from the hospital on January 31, 2009.
2. The amount due for hospital care, treatment, or maintenance during the above hospitalization is ten thousand two hundred eight dollars and seventy-five cents (\$10,208.75).
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 entities are liable for damages arising from the patient's illness or injury causing the hospital stay: Debbie Byron
Western United Insurance P. O. Box 5824 Irvine CA 92616 Claim # 395691

This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the Office of the Recorder of the County in which the Hospital is located, within one hundred and eighty (180) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, have been duly sworn upon oath, under the penalties of perjury, hereby states that the Hospital intends to hold the Hospital Lien as described above and that the facts and matters set forth in the foregoing state are true and correct.

ST. ANTHONY MEDICAL CENTER



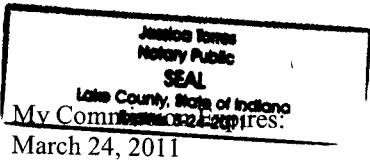
(1) BY: Megan Kijewski
Megan Kijewski

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Megan Kijewski being the Legal Specialist for St. Anthony Medical Center, being duly sworn upon her oath, says the facts stated in the foregoing are true and correct.

Megan Kijewski
Megan Kijewski

Subscribed and sworn to before me, a Notary Public, this 3rd day of April, 2009.



Jessica Torres
Jessica Torres Notary Public

Resident of Lake County

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.

Megan Kijewski
Megan Kijewski

This Instrument Prepared By: Megan Kijewski
Megan Kijewski
St. Anthony Medical Center 1201 S. Main St., Crown Point, IN 46307

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