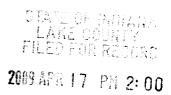
2009 024853



SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

10:	PATRICIA PADLO		
	PATRICIA PADLO PT #10374815		
	418 RUTA DRIVE APT 922		
	HOBART IN 46342		
	Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307	Indiana Department of Insurance 311 West Washington Street Suite 300 Indianapolis, IN 46204	
You are here hold a hospi as follows:	eby notified that St. Mary Medical Center whose address is 1 ital lien for all reasonable and necessary charges for hospital	500 S. Lake Park Ave., Ho care, treatment, or maintena	bart, Indiana 46342, intends to nace of the above-listed patient
	e patient was admitted to the hospital on03/25/09 ed discharged from the hospital on03/25/09	property of	
	e amount due for hospital care during the above time period	\$3,919.00	
	IREE THOUSAN <mark>D NINE HUNDRED NINETE<mark>EN</mark> AND (</mark>	00/100	DOLLARS
3. To ind	the best of the Hospital's knowledge, the patient or the patilividuals and/or entities are liable for damages arising from the STATE FARM INSURP.O. BOX 2362 BLOOMINGTON, IL	e patient's illness or injury	aims that the following named causing the hospital stay:
	CLAIM #: 142299409		
hospital is lindividual e Claimant int true and corr	being filed pursuant to the Hospital Lien Law, I.C. 32-8-26 ocated, within one hundred eighty (180) days after the pat executing this instrument, having been duly sworn upon his/tends to hold a Hospital Lien as described above and that the rect. INDIANA) DF LAKE) SS:	ient was discharged from the oath, under the penaltic	he hospital. The undersigned es of perjury hereby states that
CHRISTA H bath, says th casonable	IACKER, being the collection clerk for the above named, St. at the facts stated in the foregoing are true and correct. I affi	Mary Medical Center, being irm, under the penalties for	g duly sworn upon his/her perjury, that I have taken
	ect each Social Security number in this document, unless requ	ired by law. Christa CHRISTA HACKER	Hach R, PFS Support
Subscribed a	and sworn to before me a Notary Public this 7 TH	Day of	20 _09
•	ssion Expires: <u>02/14/17</u> Lake County, Indiana	LISA WARD, Notar	y Public
This instrum	nent was prepared by CHRISTA HACKER		