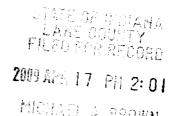
## 2009 024854



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

TO:	DONALD NOWORYTA			
	DONALD NOWORYTA PT #05837652	ATTORNEY:	SCOTT SMI	ТН
	8516 JEFFERSON AVENUE		3324 N. CAUSEWAY BLVD.  METAIRIE, LA 70002	
	MUNSTER, IN 46321			
	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		
MacA	are hereby notified that The Munster Medical Research Foundarthur Blvd., Munster, Indiana 46321, intends to hold a hospit treatment, or maintenance of the above-listed patient as follows:	al lien for all rea	Community Householder and no	espital whose address is 901 eccessary charges for hospital
1.	This Document is the The patient was admitted to the hospital on 01/14/09	e propert	y of	
1.	and discharged from the hospital on 01/24/09	Recorder		
2.	The amount due for hospital care during the above time period		7,591.26	DOLLARG
	SEVENTEEN THOUSAND FIVE HUNDRED NINETY ONE A			DOLLARS
3.	To the best of the Hospital's knowledge, the patient or the prindividuals and/or entities are liable for damages arising from			
	STATE FARM INS	SURANCE		
	8329 HARRISON MUNSTER, IN 46 CL #: 14-2287-90	321		
hospi indiv Clain	lien is being filed pursuant to the Hospital Lien Law, I.C. 32-8 ital is located, within one hundred eighty (180) days after the idual executing this instrument, having been duly sworn upon annt intends to hold a Hospital Lien as described above and that and correct.	patient was disch his/her oath, und	narged from the er the penalties	e hospital. The undersigned of perjury hereby states that
	TE OF INDIANA) NTY OF LAKE ) SS:			
oath,	ISTA HACKER, being the collection clerk for the above named, says that the facts stated in the foregoing are true and correct. I conable care to redact each Social Security number in this docume	affirm under the pent, unless reques	penalties for pe	rjury, that I have taken  Hacke
Subse	cribed and sworn to before me a Notary Public this 7 <sup>TH</sup>	Day of	APRIL	20 09
	Commission Expires: <u>02/14/17</u> ling in Lake County, Indiana	LISA	OR G LO WARD, Notary	Public
This	instrument was prepared by CHRISTA HACKER			
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