

2009 060741

2009 SEP -2 AM 11:57

MICHAEL A. BROWN  
RECORDER



Return to: SSFHS Attn Megan Kijewski  
2434 Interstate Plaza Dr Hammond IN 46324

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

**TO:**

**Patient:** Rosemary Cobb  
323 E 142<sup>nd</sup> St.  
Dolton IL 60419

**Attorney:** Polansky and Cichon  
180 N Stetson Ave.  
Ste 5250  
Chicago IL 60601

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. MARGARET MERCY HEALTHCARE CENTERS, 5454 Hohman Avenue, Hammond, IN 46320, 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 July 18, 2009 and was discharged from the hospital on July 22, 2009
2. The amount due for hospital care, treatment, or maintenance during the above hospitalization is eleven thousand four hundred eighty-eight dollars and seventeen cents (\$11488.17).
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:

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. MARGARET MERCY HEALTHCARE CENTERS,**

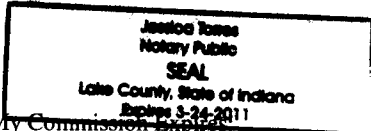
STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

(1) BY: Megan Kijewski  
Megan Kijewski

Megan Kijewski being the Legal Specialist for St. Margaret Mercy Healthcare Centers, 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 25th day of August, 2009.



My Commission Expires  
March 24, 2011

Jessica Torres  
Jessica Torres Notary Public

Resident of Lake County

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.

This instrument Prepared By:

Megan Kijewski  
Megan Kijewski St. Margaret Mercy Healthcare Centers  
5454 Hohman Ave, Hammond, IN 46320

11<sup>00</sup> 00  
1<sup>00</sup>

770120535

E P.M