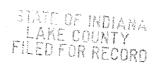
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2010 MAR -2 AM 11: 46

MICHELLE R. FAJMAN SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:)	NICOLE V	WHITEFIELD						
		NICOLE WHITEFIELD PT #10511848 & 10494142			48 &	ATTORNEY:			
		$906 - 9^{TH}$ STREET							
		PORTAGE, IN 46368							
		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			
Park A	ve, Hoba	art, Indiana		to hold a hosp	oital lien for			whose address is 1500 S Lalesary charges for hospital car	
		,		Ocumen				`	
1.	The patient was admitted to the hospital on 01/01/2 and discharged from the hospital on 01/31/2				01/01/10 R 01/31/10	<u>e (12/19/0</u> 12/19/0			
2.		-	hospital care du				84,115.00		_
			ONE HUNDRED					DOLLARS	_
3.				for damages ar ALLSTA	ising from the transfer of the	ne patient's		laims that the following name causing the hospital stay:	∌d
P.O. BOX 440519 KENNESAW, GA 30160 CL#: 01564502207									
hospital individu Claimar	is locate al execu	ed, within or ting this ins	ne hundred eigh strument, having	ty (180) days been duly swo	after the patorn upon his	ient was di /her oath, u	scharged from nder the penalt	rder of the County in which the hospital. The undersigned ies of perjury hereby states the hin the foregoing statement a	ed at
	OF IND ΓΥ OF L	IANA) AKE) SS:							
says tha	t the fact	s stated in th		true and correct	t. I affirm u	nder the per unless requ	nalties for perjudiested by law.	g duly sworn upon his/her oat ry, that I have taken the Hacker TR, PFS Support	1,
Subscrib	bed and s	worn to before	ore me a Notary	Public this	16 TH	Day o	f FEBRUAL	RY 20 10	
		Expires: <u>02</u> County, Ind				LIS	A E. WARD, N	otary Public	
This ins	trument v	was prepared	l by CHRISTA I	HACKER				4.3	