2010 073004

20M DEC -9 AN 9:58

Return to: SSFHS Attn Megan K. 2434 Interstate Plaza Dr. Hammond IN 43624 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:

Patient:

Peter Morris

1850 Christian Rd.

Charleston SC 29407

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:

- The patient was admitted to the hospital on July 21, 2010 and was discharged from the 1. hospital on July 22, 2010.
- The amount due for hospital care, treatment, or maintenance during the above 2. hospitalization is three hundred and three dollars (\$303.00).
- 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:

State Farm P. O. Box 2350 Bloomington IL 61702 Claim # 13A897933

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: COUNY OF LAKE 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 Subscribed and sworn to before me, a Notary Public, this 6th day of December, 2010. log lone Notary Public Jessica Torres Notary Public 1-24-2011 My Commission Expires: Resident of Lake County March 24, 2011 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.

This instrument Prepared By:

Megan Kijewski St. Margaret Mercy Healthcare Centers

Megan Kijewski

5454 Hohman Ave., Hammond, IN 46320

AMOUNT \$_ OVERAGE ____ COPY ____ NON-COM_ CLERK _____