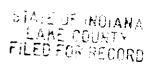
2010 074816



2010 DEC 17 AM 11: 25

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	EDWARD HALL	
	EDWARD HALL PT #10633743	ATTORNEY:
	27 N. CONNECTICUT STREET	
	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
Park	are hereby notified that The Community Healthcare Ave, Hobart, Indiana 46342, intends to hold a honent, or maintenance of the above-listed patient as for	e Systems d/b/a St. Mary Medical Center whose address is 1500 S Lake ospital lien for all reasonable and necessary charges for hospital care, ollows:
1.	The patient was admitted to the hospital on and discharged from the hospital on	10/31/10 11/13/10
2.	The amount due for hospital care during the abo	ove time period \$21,825.61 TWENTY FIVE AND 61/100 DOLLARS
	TWENTY ONE THOUSAND EIGHT HUNDRED	tient or the patient's legal representative claims that the following named
hospi indiv Clain true a	P.O. B LEXIN CL #L lien is being filed pursuant to the Hospital Lien La ital is located, within one hundred eighty (180) da idual executing this instrument, having been duly a mant intends to hold a Hospital Lien as described ab and correct.	WICK CMS OX 14448 NGTON, KY 40512 .1010275213-001 w, 1.C. 32-33-4 in the Office of the Recorder of the County in which the ys after the patient was discharged from the hospital. The undersigned sworn upon his/her oath, under the penalties of perjury hereby states that have and that the facts and matters set forth in the foregoing statement are
	TE OF INDIANA) NTY OF LAKE) SS:	
says	ISTA HACKER, being the collection clerk for the ab that the facts stated in the foregoing are true and cor onable care to redact each Social Security number in	bove named, St Mary Medical Center, being duly sworn upon his/her oath, trect. I affirm under the penalties for perjury, that I have taken this document, unless requested by law. Charte Hacker, PFS Support
Subs	cribed and sworn to before me a Notary Public this	Day of DECEMBER 20 10
	Commission Expires: <u>02/14/17</u> ding in Lake County, Indiana	LISA)E. WARD, Notary Public
This	instrument was prepared by CHRISTA HACKER	
		AMOUNT \$ //-
		CASH CHARGE
		CHECK # 042659
		OVERAGE

OLERK 5