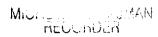


## 2010 074837

## 2010 DEC 17 AM 11: 25



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

TO:	RYAN SMATHERS *AMENDME	ENT 2*	
	RYAN SMATHERS PT #06360779		ATTORNEY:
	204 CEDAR DRIVE	<del></del>	
	LITITZ, PA 17543	<del></del>	
	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
MacArt	e hereby notified that The Munster Medical Resenthur Blvd., Munster, Indiana 46321, intends to he eatment, or maintenance of the above-listed patient	old a hospital	on d/b/a The Community Hospital whose address is 901 lien for all reasonable and necessary charges for hospital
1.	The patient was admitted to the hospital on and discharged from the hospital on		
2	TI (1 C 1 (4) and during the char	time meried	\$2,249.69
2,	The amount due for hospital care during the above TWO THOUSAND TWO HUNDRED FORTY NINE		52,249.69 DOLLARS
3.	individuals and/or entities are liable for damages  NATION  P.O. BOX	arising from t WIDE INSUR K 6930	
	HARRIS CL #583I	BURG, PA 1 0647305	/106
hospita individ Claima	I is located, within one hundred eighty (180) day ual executing this instrument, having been duly s	s after the pa worn upon his	I in the Office of the Recorder of the County in which the tient was discharged from the hospital. The undersigned sher oath, under the penalties of perjury hereby states that he facts and matters set forth in the foregoing statement are
	E OF INDIANA) TY OF LAKE ) SS:		
oath, sa	TA HACKER, being the collection clerk for the above that the facts stated in the foregoing are true anable care to redact each Social Security number in	d correct. I af	e Community Hospital, being duly sworn upon his/her firm under the penalties for perjury, that I have taken the unless requested by law.
			Christa Hacker CHRISTA HACKER, PFS Support
Subscr	ibed and sworn to before me a Notary Public this	$I^{ST}$	Day of
	mmission Expires: <u>02/14/17</u> ng in Lake County, Indiana		LISA/E. WARD, Notary Public
This in	strument was prepared by CHRISTA HACKER		
			AMOUNT \$  CASH CHARGE  CHECK # _O 4210 59  OVERAGE  COPY  NON-COM  CLERK S