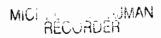
STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2011 006668

2011 FEB -4 PM 4: 13



SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

10:	CATHERINE MAGIERA	
	CATHERINE MAGIERA PT #10662515	ATTORNEY:
	3155 UNION CIRCLE	
	CROWN POINT, IN 46307	
	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	re hereby notified that The Community Healthcare Systems d. Ave, Hobart, Indiana 46342, intends to hold a hospital lien ent, or maintenance of the above-listed patient as follows:	/b/a St. Mary Medical Center whose address is 1500 S Lake for all reasonable and necessary charges for hospital care,
1.	This Document is 1 The patient was admitted to the hospital on 12/16/10	
	and discharged from the hospital on the Lake 12/31/10	y Recorder!
2.	The amount due for hospital care during the above time peri ONE THOUSAND FOUR HUNDRED FIFTY TWO AND 00/10	
hospit individ	individuals and/or entities are liable for damages arising from STATE FARM IN P.O. BOX 2362 BLOOMINGTON CL #14-3048-901 ien is being filed pursuant to the Hospital Lien Law, I.C. 32-3 al is located, within one hundred eighty (180) days after the dual executing this instrument, having been duly sworn upon	3-4 in the Office of the Recorder of the County in which the patient was discharged from the hospital. The undersigned his/her oath, under the penalties of perjury hereby states that
Claim	ant intends to hold a Hospital Lien as described above and that and correct.	the facts and matters set forth in the foregoing statement are
	E OF INDIANA) NTY OF LAKE) SS:	
says th	STA HACKER, being the collection clerk for the above named, hat the facts stated in the foregoing are true and correct. I affirm nable care to redact each Social Security number in this document.	n under the penalties for perjury, that I have taken
Subsc	ribed and sworn to before me a Notary Public this 20 ^{TI}	Day of JANUARY 20 II
	ommission Expires: <u>02/14/17</u> ing in Lake County, Indiana	LISA E. WARD, Notary Public
This i	nstrument was prepared by CHRISTA HACKER	
		AMOUNT \$ // CHARGE CHECK # 0432.94 OVERAGE COPY

CLERK SS