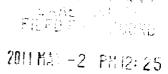
## 2011 024511



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

10.	KICHAKD TALLENT		
	RICHARD TALLENT PT #06501721	ATTORNEY:	
	5820 W. 28 <sup>TH</sup> PLACE		
	GARY, IN 46406		
	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	
MacA: care, ti	rthur Blvd., Munster, Indiana 46321, intends to hold a hosp reatment, or maintenance of the above-listed patient as follows:	FICIAL:	
1.	The patient was admitted to the hospital on 03/09/1 and discharged from the hospital on 03/09/1	ty Recorder!	
2.	The amount due for hospital care during the above time per	riod <u>\$4,555.62</u>	
3.	To the best of the Hospital's knowledge, the patient or the individuals and/or entities are liable for damages arising fro	patient's legal representative claims that the following named	
nospita individ Claima	al is located, within one hundred eighty (180) days after the dual executing this instrument, having been duly sworn upon	001	
	E OF INDIANA) ITY OF LAKE ) SS:		
oath, sa	STA HACKER, being the collection clerk for the above named, ays that the facts stated in the foregoing are true and correct. Inable care to redact each Social Security number in this docum	affirm under the penalties for perjury, that I have taken	
Subscri	ibed and sworn to before me a Notary Public this $13^{T_1}$	Day of APRIL 20 11	
	ommission Expires: <u>02/14/17</u> ng in Lake County, Indiana	LISA E. WARD, Notary Public	
This ins	strument was prepared by CHRISTA HACKER		
		AMOUNT \$  CASH CHARGE  CHECK # O44356  OVERAGE	

COPY \_\_\_\_\_

NON-COM\_\_\_\_\_