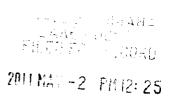
2011 024513



SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	RICHARD GEORGAS	
	RICHARD GEORGAS PT #06504551	ATTORNEY:
	9000 CHESTNUT LANE	
	MUNSTER, IN 46321	
	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
iviac/11ti	hereby notified that The Munster Medical Research Found hur Blvd., Munster, Indiana 46321, intends to hold a hospital atment, or maintenance of the above listed patient as follows:	lien for all reasonable and necessary observe for the with
1.	The patient was admitted to the hospital on 03/11/11 and discharged from the hospital on 1 03/11/11	
2.	The amount due for hospital care during the above time period	od \$3.442.32
_	THREE THOUSAND FOUR HUNDRED FORTY TWO AND 32	DOLLARS
3. 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: **ERIE INSURANCE** P.O. BOX 80129 INDIANAPOLIS, IN 46280 CL #010620138580 This lien is being filed pursuant to the Hospital Lien Law, 1.C. 32-33-4 in the Office of the Recorder of the County in which the hospital is located, within one hundred eighty (180) days after the patient was discharged from the hospital. The undersigned individual executing this instrument, having been duly sworn upon his/her oath, under the penalties of perjury hereby states that Claimant intends to hold a Hospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct. STATE OF INDIANA) COUNTY OF LAKE) SS: **CHRISTA HACKER**, being the collection clerk for the above named, The Community Hospital, being duly sworn upon his/her oath, says that the facts stated in the foregoing are true and correct. I affirm under the penalties for perjury, that I have taken		
Reasonab	ele care to redact each Social Security number in this documer	th, unless requested by law. Christa Hachin
Subscribe	ed and sworn to before me a Notary Public this 13^{TH}	CHRISTA HACKER, PFS Support Day of APRIL 20 11
My Commission Expires: <u>02/14/17</u> Residing in Lake County, Indiana		LISA E. WARD, Notary Public
This instru	ument was prepared by CHRISTA HACKER	
		AMOUNT \$ CASH CHARGE CHECK # _ O44 3 5 6 OVERAGE CORY

NON-COM ___