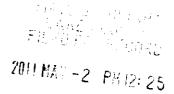
## 2011 024515



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

 $\hat{t}_{v_1}\}_{\subset}$ 

TO:	CLYDE FRANKLIN			
	CLYDE FRANKLIN PT #50286627	ATTORNEY: DANIE	_ KUZMAN	
	6415 REVEREND BURNS DRIVE	2620 W	2620 W. LINCOLN HIGHWAY	
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307		MERRI	MERRILLVILLE, IN 46410	
		Indiana Department of Insurance 311 West Washington Street Suite 300 Indianapolis, IN 46204		
MacA	are hereby notified that The Munster Medical Research Fourthur Blvd., Munster, Indiana 46321, intends to hold a hour treatment, or maintenance of the above-listed patient as follows:	spital lien for all reasonable ar	y Hospital whose address is 901 ad necessary charges for hospital	
1.	The patient was admitted to the hospital on and discharged from the hospital on 23/3	is the property of		
2.	The amount due for hospital care during the above time			
3.	Two Thousand Eight Hundred Ten and 00/100  To the best of the Hospital's knowledge, the patient or individuals and/or entities are liable for damages arising	ne patient's legal representative	claims that the following named ry causing the hospital stay:	
	SENTRY INSUR P.O. BOX 8032 STEVENS POIN CL #53G436394	r, WI 54481		
hospita individ Claima	ien is being filed pursuant to the Hospital Lien Law, I.C. 3 al is located, within one hundred eighty (180) days after dual executing this instrument, having been duly sworn up ant intends to hold a Hospital Lien as described above and and correct.	he patient was discharged from on his/her oath, under the pena	h the hospital. The undersigned lties of perjury hereby states that	
STATI	E OF INDIANA) NTY OF LAKE ) SS:			
oath, s	STA HACKER, being the collection clerk for the above name says that the facts stated in the foregoing are true and correct nable care to redact each Social Security number in this doc	. I affirm under the penalties for iment, unless requested by law.	tr perjury, that I have taken	
Subscr	ribed and sworn to before me a Notary Public this	Day of $\frac{APRIL}{I}$	20 11	
	ommission Expires: <u>02/14/17</u> ng in Lake County, Indiana	LISA E. WARD,	Notary Public	
This in	nstrument was prepared by CHRISTA HACKER			
		<b>CAS</b> CH OV	OUNT \$ //- SH CHARGE ECK #_ OYY 35/p ERAGE PY	