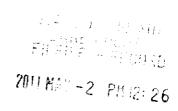
2011 024520



SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	WILLIE KING	
	WILLIE KING PT #01872564 & 30063489	ATTY. MARK PSIMOS
	P.O. BOX 133	9219 BROADWAY AVENUE
	EAST CHICAGO, IN 46312	MERRILLVILLE, IN 46410
	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
You a a hosp follow	are hereby notified that St. Catherine Hospital whose address is 432 pital lien for all reasonable and necessary charges for hospital care ws:	, treatment, or maintenance of the above-listed patient as
1.	The patient was admitted to the hospital on umen/17/1/th and discharged from the hospital on Lake 01/17/11	e 02/19/perty of R02/28/Her!
2.	The amount due for hospital care during the above time period	\$1,585.00
	ONE THOUSAND FIVE HUNDRED EIGHTY FIVE AND O	0/100 DOLLARS
3.	To the best of the Hospital's knowledge, the patient or the patie individuals and/or entitics are liable for damages arising from the	nt's legal representative claims that the following named patient's illness or injury causing the hospital stay:
	LIBERTY MUTUAL II	SURANCE
	P.O. BOX 245037 MILWAUKEE, WI 53	224
	CL#: PX346078155	
individ Claima	tien is being filed pursuant to the Hospital Lien Law, I.C. 32-33-4 is located, within one hundred eighty (180) days after the patient dual executing this instrument, having been duly sworn upon his/fant intends to hold a Hospital Lien as described above and that the ad correct.	and was discharged from the hospital. The undersigned
STATI COUN	E OF INDIANA) VTY OF LAKE) SS:	
	STA HACKER, being the collection clerk for the above named, St. C at the facts stated in the foregoing are true and correct. I affirm, unable care to redact each Social Security number in this document, un	ter the populties for manifest at 1 1 1 1
		CHRISTA HACKER, PFS Support
Subscri	ibed and sworn to before me a Notary Public this 13 TH	Day of
My Coi Residin	mmission 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 \$ ((-
		CASHCHARGE
		CHECK # <u>044356</u>
		OVERAGE

NON-COM