

2011 024520

2011 MAY -2 PM 12:26

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: WILLIE KING
WILLIE KING PT #01872564 & 30063489
P.O. BOX 133
EAST CHICAGO, IN 46312

ATTY. MARK PSIMOS
9219 BROADWAY AVENUE
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 are hereby notified that St. Catherine Hospital whose address is 4321 Fir Street, East Chicago, Indiana 46312, intends to hold a hospital lien for all reasonable and necessary charges for hospital care, treatment, or maintenance of the above-listed patient as follows:

- The patient was admitted to the hospital on 01/17/11 and discharged from the hospital on 02/28/11
- The amount due for hospital care during the above time period \$1,585.00
ONE THOUSAND FIVE HUNDRED EIGHTY FIVE AND 00/100 DOLLARS
- 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:

LIBERTY MUTUAL INSURANCE
P.O. BOX 245037
MILWAUKEE, WI, 53224
CL #: PX346078155

This lien is being filed pursuant to the Hospital Lien Law, I.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, St. Catherine 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 reasonable care to redact each Social Security number in this document, unless required by law.

Christa Hacker
CHRISTA HACKER, PFS Support

Subscribed and sworn to before me a Notary Public this

13TH Day of APRIL 20 11

My Commission Expires: 02/14/17
Residing in Lake County, Indiana

Liba E. Ward
LIBA E. WARD, Notary Public

This instrument was prepared by CHRISTA HACKER

AMOUNT \$ 11-
CASH _____ CHARGE _____
CHECK # 044356
OVERAGE _____
COPY _____
NON - COM _____
CLERK S