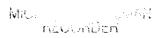


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SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	CARLOS DUARTE	
	CARLOS DUARTE PT #06522552	ATTORNEY:
	5534 ALICE STREET	
	HAMMOND, IN 46320	
	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, 1	Arthur Blvd., Munster, Indiana 46321, intends to hold a hosp treatment, or maintenance of the above-listed patient as follow	FICIAL!
Ι.	The patient was admitted to the hospital on 04/06/1 and discharged from the hospital on 1 04/06/1	ty Recorder!
2.	The amount due for hospital care during the above time pe	riod \$2,803.00
	TWO THOUSAND EIGHT HUNDRED THREE AND 00/100	DOLLARS
hospitindivice Claim true and STAT COUN CHRL oath, s	individuals and/or entities are liable for damages arising from GEICO INSURANCE ONE GEICO CEN MACON, GA 3126 CL #040050948010 lien is being filed pursuant to the Hospital Lien Law, I.C. 32-tal is located, within one hundred eighty (180) days after the idual executing this instrument, having been duly sworn upon	TER 26 1019 33-4 in the Office of the Recorder of the County in which the patient was discharged from the hospital. The undersigned his/her oath, under the penalties of perjury hereby states that het the facts and matters set forth in the foregoing statement are I affirm under the penalties for perjury, that I have taken
Subsc	cribed and sworn to before me a Notary Public this 27	Day of <i>APRIL</i> 20 11
	Commission Expires: <u>02/14/17</u> ling in Lake County, Indiana	LHSA E WARD, Notary Public
This it	nstrument was prepared by CHRISTA HACKER	
		AMOUNT \$CHARGECHECK #CL/L/5 COVERAGE

NON-COM