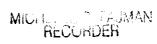


2011 027540

TO:

2011 MAY 17 PM 1: 29



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

TO:	MICKY ANDERSON	
	MICKY ANDERSON PT #1000019857	ATTORNEY:
	578 N 625 W	
	HOBART, IN 46342	
	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
Park A		d/b/a St. Mary Medical Center whose address is 1500 S Lake for all reasonable and necessary charges for hospital care,
1.	The patient was admitted to the hospital on 03/15/2 and discharged from the hospital on 03/15/2	the property of
2.	The amount due for hospital care during the above time pe	riod <b>\$9,371.60</b>
3.	To the best of the Hospital's knowledge, the patient or the individuals and/or entities are liable for damages arising from the individuals and the individuals and the individuals are liable for damages arising from the individuals and the individuals are liable for damages arising from the individuals and the individuals are liable for damages arising from the individuals and the individuals are liable for damages arising from the individuals and the individuals are liable for damages arising from the individuals and the individuals are liable for damages arising from the individuals and the individuals are liable for damages arising from the individuals and the individuals are liable for damages arising from the individuals are liable for damages arising from the individuals are liable for damages arising from the individuals are liable for damages are liable	patient's legal representative claims that the following named
hospita individ	tal is located, within one hundred eighty (180) days after the dual executing this instrument, having been duly sworn upon	6
	nd correct.	in the facts and matters see forth in the foregoing statement are
	E OF INDIANA) NTY OF LAKE ) SS:	
says th	STA HACKER, being the collection clerk for the above named that the facts stated in the foregoing are true and correct. I affinable care to redact each Social Security number in this documents.	
Subsci	eribed and sworn to before me a Notary Public this $\underline{4}^{T}$	Day of <u>MAY</u> 20 11
	ommission Expires: <u>02/14/17</u> ing in Lake County, Indiana	LISA E. WARD, Notary Public
This in	nstrument was prepared by CHRISTA HACKER	
		AMOUNT \$ //-  CASH CHARGE  CHECK #CLYSIS  OVERAGE  COPY