STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 027546   2011 MAY 17 PM 1:30

MICH........MAN
RECORDER

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: **ELIZABETH GREENWELL**

       ELIZABETH GREENWELL   PT #01883874

       1318 ½ W. FRED STREET

       WHITING, IN 46394

Recorder of Lake County, Indiana	Indiana Department of Insurance
Lake County Government Center	311 West Washington Street
2293 North Main Street	Suite 300
Crown Point, Indiana 46307	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:

1.   The patient was admitted to the hospital on _03/04/11_ and discharged from the hospital on _03/04/11_

2.   The amount due for hospital care during the above time period   **$5,487.20**
       FIVE THOUSAND FOUR HUNDRED EIGHTY SEVEN AND 20/100   DOLLARS

3.   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:

       AAA INSURANCE CO.
       25501 W. 11 MILE ROAD
       SOUTHFIELD, MI 48034
       CL #: 400023683

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, PFS Support

Subscribed and sworn to before me a Notary Public this   **4ᵀᴴ**   Day of   **MAY**   20 **11**

My Commission Expires: _02/14/17_
Residing in Lake County, Indiana   LISA E. WARD, Notary Public

This instrument was prepared by CHRISTA HACKER

AMOUNT $ _11—_
CASH _____ CHARGE _____
CHECK # _044515_
OVERAGE _____
COPY _____
NON-COM _____
CLERK _____