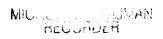


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## **SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN**

| TO:   | JESSIE WYNNE  |  |   |
|---|---|--|---|
|   | JESSIE WYNNE PT #06428146   | ATTORNEY:  | DAVID HOLUB   |
|   | 2332 WAITE STREET   | _  | 8403 MERRILLVILLE ROAD  |
|   | GARY, IN 46404  | _  | MERRILLVILLE, IN 46410  |
|   | Recorder of Lake County, Indiana<br>Lake County Government Center<br>2293 North Main Street<br>Crown Point, Indiana 46307   | 3<br>S   | ndiana Department of Insurance<br>11 West Washington Street<br>suite 300<br>ndianapolis, IN 46204                                   |
| MacArt  | e hereby notified that The Munster Medical Research Fourthur Blvd., Munster, Indiana 46321, intends to hold a hosp eatment, or maintenance of the above-listed patient as follow  | ital lien for all rea  |   |
| 1.  | The patient was admitted to the hospital on 12/11/1 and discharged from the hospital on 12/14/1   |  |   |
| 2.  | The amount due for hospital care during the above time per FIVE THOUSAND NINETY EIGHT AND 93/100  | •  | 098.93 DOLLARS  |
| 3.  | To the best of the Hospital's knowledge, the patient or the individuals and/or entities are liable for damages arising from   |  | presentative claims that the following named  |
| hospital<br>individu<br>Claimai   | STATE FARM INS P.O. BOX 2354 BLOOMINGTON, CL #14-G080-654  en is being filed pursuant to the Hospital Lien Law, I.C. 32- l is located, within one hundred eighty (180) days after the ual executing this instrument, having been duly sworn upon nt intends to hold a Hospital Lien as described above and the d correct. | JURANCE  33-4 in the Office e patient was discluding his/her oath, und | of the Recorder of the County in which the harged from the hospital. The undersigned er the penalties of perjury hereby states that |
|   | E OF INDIANA)<br>TY OF LAKE ) SS:   |  |   |
| oath, sa  | TA HACKER, being the collection clerk for the above named ays that the facts stated in the foregoing are true and correct. able care to redact each Social Security number in this docur  | I affirm under the nent, unless reques                                 | penalties for perjury, that I have taken  |
| Subscribed and sworn to before me a Notary Public this                  |   | TH Day of  | MAY 20 $II$   |
| My Commission Expires: <u>02/14/17</u> Residing in Lake County, Indiana |   | LISA   | E. WARD, Notary Public  |
| This ins  | strument was prepared by CHRISTA HACKER   |  |   |
|   |   |  | AMOUNT \$ 11-  CASH CHARGE  CHECK # OYULE }  OVERAGE  COPY  NON-COM   |