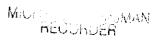


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## **SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN**

10:	JENNIFER GUEISER	
	JENNIFER GUEYSER PT #06540727	ATTORNEY:
	4118 DRUMMOND STREET	
	EAST CHICAGO, IN 46312	
	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
MacArthur Blvc care, treatment,	d., Munster, Indiana 46321, intends to hold a hosp or maintenance of the above-listed patient as follows	FICIAL!
	tient was admitted to the hospital on Ume 04/22/1 scharged from the hospital on 04/22/1	
	nount due for hospital care during the above time per	
FOUR	THOUSAND FOUR HUNDRED SIXTY SEVEN AND	DOLLARS
3. To the individ	best of the Hospital's knowledge, the patient or the luals and/or entities are liable for damages arising from	patient's legal representative claims that the following named om the patient's illness or injury causing the hospital stay:
	P.O. BOX 1848 WARRENVILLE, CL #18623439	
hospital is locatindividual execu	ted, within one hundred eighty (180) days after the uting this instrument, having been duly sworn upor Is to hold a Hospital Lien as described above and the	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 at the facts and matters set forth in the foregoing statement are
STATE OF INICOUNTY OF I	•	
oath, says that the		The Community Hospital, being duly sworn upon his/her I affirm under the penalties for perjury, that I have taken nent, unless requested by law.  Christa Hacker, PFS Support
Subscribed and	sworn to before me a Notary Public this	Day of <u>MAY</u> 20 <u>11</u>
	n Expires: <u>02/14/17</u> te County, Indiana	LISA E. WARD, Notary Public
This instrument	was prepared by CHRISTA HACKER	
		CASHCHARGE CHECK #  OVERAGE COPY NON-COM CLERK