

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2011 044189

2011 AUG 17 AM 11:33

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

MICHELLE D. FAJMAN  
RECORDER

TO: DIANE E. REINERT  
PATIENT: DIANE E. REINERT #06596097  
650 N. ELMER STREET  
GRIFFITH, IND. 46319-1757

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

You are hereby notified that The Munster Medical Research Foundation d/b/a The Community Hospital whose address is 901 MacArthur Blvd., Munster, Indiana 46321, 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:

- The patient was admitted to the hospital on 06/18/2011 and discharged from the hospital on 06/18/2011
- The amount due for hospital care during the above time period \$2583.00  
**TWO THOUSAND FIVE HUNDRED EIGHTY THREE DOLLARS & 00/100** DOLLARS
- 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:

**THE HARTFORD INSURANCE**  
P.O. BOX 14268  
LEXINGTON, KY. 40512 CL#PA0010031922

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:

PATRICIA J. BOOYER, being the collection clerk for the above named, The Community Hospital, being duly sworn upon his/her oath, says that the facts stated in the foregoing are true and correct.

*Patricia J. Booyer*  
PATRICIA J. BOOYER - PATIENT FINANCIAL SERVICES

Subscribed and sworn to before me a Notary Public this 2<sup>ND</sup> Day of AUGUST 20 11

My Commission Expires: 02/14/17  
Residing in Lake County, Indiana

*Lisa E. Ward*  
LISA E. WARD, Notary Public

This instrument was prepared by PATRICIA J. BOOYER  
LIEN

AMOUNT \$ 11  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 045635  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK SS