

2011 045949

2011 AUG 24 AM 10:40

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

TO: LEANNA MATTHEWS

PATIENT: LEANNE MATTHEWS #H1000070386

ATTORNEY:

480 W 700 N

VALPARAISON, IN. 46385

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 Community Healthcare Systems d/b/a St. Mary Medical Center whose address is 1500 S Lake Park Ave, Hobart, Indiana 46342, 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:

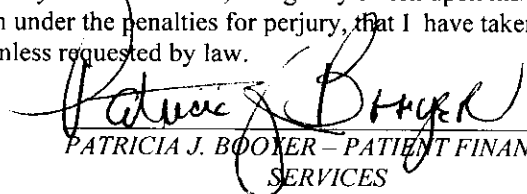
1. The patient was admitted to the hospital on 07/07/2011 and discharged from the hospital on 07/07/2011
2. The amount due for hospital care during the above time period \$3509.87  
**THREE THOUSAND FIVE HUNDRED NINE DOLLARS & 87/100** DOLLARS
3. To the best of the Hospital's knowledge, the patient or 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 stays:

INDIANA FARM BUREAU  
2118 - 45<sup>TH</sup>. STREET  
ATTN-JERRY EDDIE  
HIGHLAND, IND. 46322 CL#7110899

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:

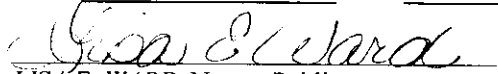
PATRICIA J. BOOYER, being the collection clerk for the above named, St Mary Medical Center, being duly sworn upon his/her oath, says that the facts stated in the foregoing are true and correct. I affirm under the penalties of perjury, that I have taken Reasonable care to redact each Social Security number in this document, unless requested by law.

  
PATRICIA J. BOOYER - PATIENT FINANCIAL SERVICES

Subscribed and sworn to before me a Notary Public this

9<sup>TH</sup> Day of AUGUST 20 11

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

  
LISA E. WARD, Notary Public

This instrument was prepared by PATRICIA J. BOOYER

AMOUNT \$ 11-  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 045800  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK SS