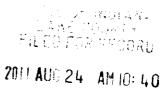
2011 045951



SWORN STATEMENT & NOTICE OF INTENTIONATO HOLD HOSPITAL LIEN

TO:	SHEILA JAMES-THOMAS	
PATIENT:	SHEILA HAMES-THOMAS H1000068396	ATTORNEY:
	302 FAYETTE STREET	
	GARY, IN. 46403	
	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
Park Ave, Ho		Vb/a St. Mary Medical Center whose address is 1500 S Lake for all reasonable and necessary charges for hospital care,
1. The	patient was admitted to the hospital on07/01/2 discharged from the hospital on07/02/2	the property of WRecorder!
	amount due for hospital care during the above time per	jod <u>\$6002.80</u> DOLLARS
3. To th	he best of the Hospital's knowledge, the patient or the	patient's legal representative claims that the following named
ingiv	STATE FARM INSURANCE P.O.BOX 2363	m the patient's illness or injury causing the hospital stays:
	BLOOMINGTON, ILL. 61702 CL#14-025	G-363
	SO.	
hospital is loo individual exe	cated, within one hundred eighty (180) days after the ecuting this instrument, having been duly sworn uponed to hold a Hospital Lien as described above and 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 IN	·	
oath, says that		Hatura Bryce
		PATRICIA J. BOOYER — PATIENT FANANCIAL SERVICES
Subscribed an	d sworn to before me a Notary Public this 9^{Th}	Day of <u>AUGUST</u> 20 11
	ion Expires: 02/14/17 ake County, Indiana	LISA E. WARD, Notary Public
This instrume	nt was prepared by PATRICIA J.BOOYER	
		AMOUNT \$ //- CASHCHARGE CHECK # 045300 OVERAGE COPY NON-COM CLERK _ 55