

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 071376

2011 DEC 12 AM 9:17

MICHELLE R. FAJMAN
RECORDER

Return to: Law Offices of Neil J. Greene, LLC
250 Parkway Drive, Suite 160, Lincolnshire, IL 60069

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

A

TO:
Patient:
Parent or Guardian of Brittany K Archer
8431 Raven Way
Cedar Lake, IN 46303

Attorney:

Lake County Recorder
2293 N. Main Street
Crown Point, IN 46307

Indiana Department of Insurance
311 W Washington Street, Suite 300
Indianapolis, IN 46204

You are hereby notified that St. Anthony, Crown Point, 1201 S Main Street, Crown Point, IN 46307, 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:

Brittany K Archer was a patient hospitalized on 10/12/11; 10/21/11; 10/21/11 due to an injury that occurred on 10/12/11. The amount due for hospital care, treatment, or maintenance during the above hospitalization(s) is \$5,233.68.

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: Ms. Tela Ruth, State Farm Insurance, P. O. Box 661011, Dallas, TX 75266, Claim No.: 14051F676, Insured: Frank Kowalski.

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 and eighty (180) days after the patient was discharged from the hospital. The undersigned individual executing this instrument, having been duly sworn upon oath, under the penalties of perjury hereby states that the hospital intends to hold the Hospital Lien as described above and that the facts and matters set forth in the foregoing state are true and correct, and that reasonable care has been taken to redact each Social Security number in this document, unless required by law.

OFFICIAL SEAL
CAMILLE M. ZUCCHERO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES OCT 19, 2013

St. Anthony, Crown Point
Kendra J. Ro
Kendra J. Ro, Reimbursement Representative

STATE OF ILLINOIS
COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public, on December 2, 2011 by Kendra J. Ro, for and on behalf of said hospital.

Law Offices of Neil J. Greene, LLC, 250 Parkway Dr., Suite 160, Lincolnshire, IL 60069
Telephone 847-403-5800 | Facsimile 847-403-5801 | File No.: 11-22449/11-22520/11-23434

AMOUNT \$ 11.00
CASH _____ CHARGE _____
CHECK # 150076
OVERAGE _____
COPY _____
NON-COM _____
CLERK UR
E