

2012 055990

2012 AUG 20 AM 11:28

RECORDER OF LAKE COUNTY

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: NICOLE L. BLAKEMORE
NICOLE L. BLAKEMORE PT#7000086948
1587 ARTHUR PL.
GARY, IN 46404

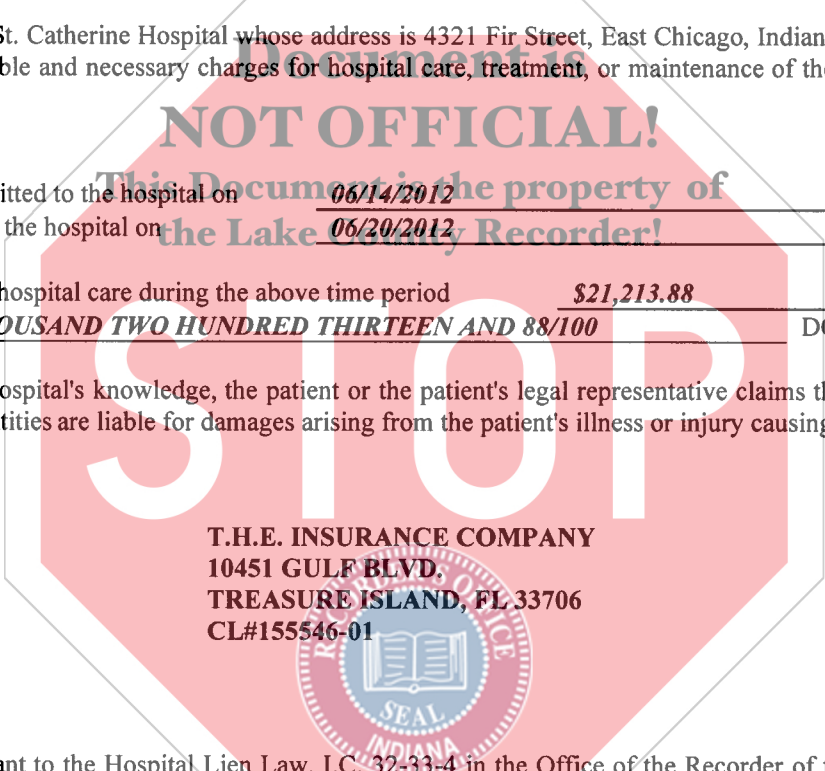
ATTY: DAVID HOLUB
8403 MERRILLVILLE RD.
MERRILLVILLE, IN 46410

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 St. Catherine Hospital whose address is 4321 Fir Street, East Chicago, Indiana 46312, 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 06/14/2012 and discharged from the hospital on 06/20/2012
2. The amount due for hospital care during the above time period \$21,213.88
TWENTY ONE THOUSAND TWO HUNDRED THIRTEEN AND 88/100 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 stay:



T.H.E. INSURANCE COMPANY
10451 GULF BLVD.
TREASURE ISLAND, FL 33706
CL#155546-01

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:

ALISON ADAMS, being the collection clerk for the above named, St. Catherine Hospital, being duly sworn upon his/her oath, says that the facts stated in the foregoing are true and correct. I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Alison Adams
ALISON ADAMS, PFS SUPPORT

Subscribed and sworn to before me a Notary Public this

14TH

Day of AUGUST 20 12

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

Lisa E. Ward
LISA E. WARD, Notary Public

This instrument was prepared by ALISON ADAMS

AMOUNT \$ 11
CASH CHARGE
CHECK# 049835
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY SP