

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 061356

2012 SEP 11 PM 12:41

MICHELLE R. FAJMAN
RECORDER

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: WAYNE A. NUNN
WAYNE A. NUNN PT.#7000087899
10784 PIKE ST.
CROWN POINT, IN 46307

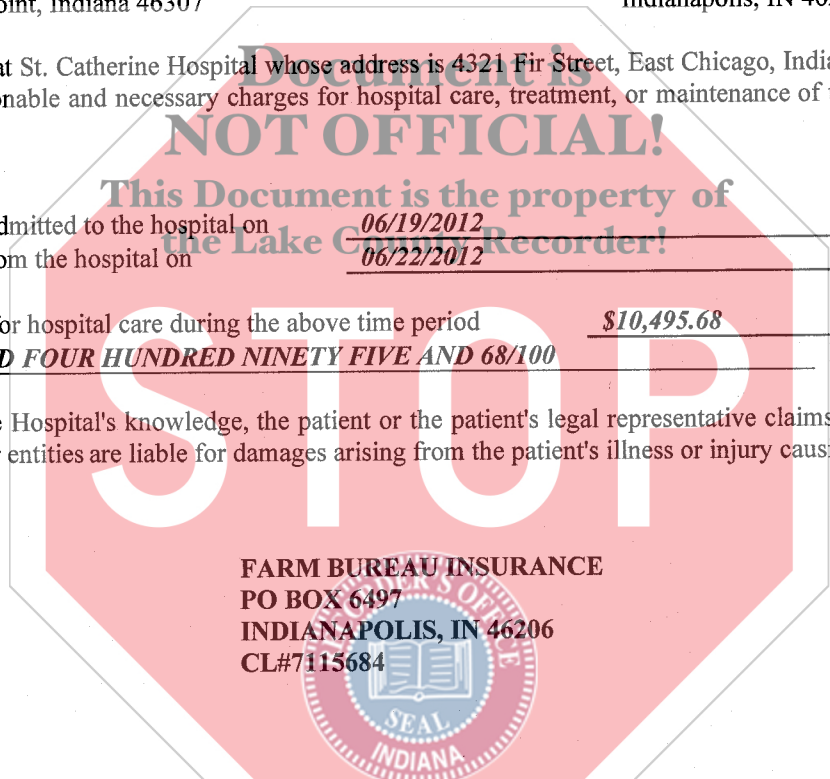
ATTY: ALEXANDER LOPEZ
8935 BROADWAY
MERRILLVILLE, IN 46410

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:

- The patient was admitted to the hospital on 06/19/2012 and discharged from the hospital on 06/22/2012
- The amount due for hospital care during the above time period \$10,495.68
TEN THOUSAND FOUR HUNDRED NINETY FIVE AND 68/100 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:



FARM BUREAU INSURANCE
PO BOX 6497
INDIANAPOLIS, IN 46206
CL#7115684

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 28TH 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# 049983
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY SS