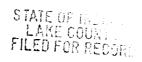
2013 031795



2013 MAY -6 PH 2: 33

MICHAEL BEAUTH RECORDER SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	SHIRLEY MACEWICZ			
	SHIRLEY MACEWICZ PT.#3000422359	ATTORNEY: DAVID GLADISH		
	15120 HAMLIN AVENUE	_	8320 KENNEDY AVE. HIGHLAND, IN 46322	
	MIDLOTHIAN, IL 60445	_		
	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		
MacA	are hereby notified that The Munster Medical Research Foundarthur Blvd., Munster, Indiana 46321, intends to hold a hospital nent, or maintenance of the above listed patient as follows:	lien for all reason.	able and necess	
1.	The patient was admitted to the hospital on une 02/23/2013 e property of and discharged from the hospital on Lake 02/25/2013 Recorder!			
	and discharged from the Lake tonisharis Recorder!			
2.	The amount due for hospital care during the above time peri		939.59	DOLLARS
hospit individual Claim true an STAT COUN	To the best of the Hospital's knowledge, the patient or the individuals and/or entities are liable for damages arising from LIBERTY MUTUAL PO BOX 7214 LONDON, KY 4074 CL#P413-172115 dien is being filed pursuant to the Hospital Lien Law, I.C. 32-3 tal is located, within one hundred eighty (180) days after the dual executing this instrument, having been duly sworn upon ant intends to hold a Hospital Lien as described above and that and correct. TE OF INDIANA) NTY OF LAKE) SS: ON ADAMS, being the collection clerk for the above named, To	the patient's illn. INSURANCE 12 13-4 in the Office patient was disch his/her oath, under the facts and man	of the Recorde parged from the er the penalties tters set forth in	er of the County in which the hospital. The undersigned of perjury hereby states that in the foregoing statement are
says th	hat the facts stated in the foregoing are true and correct. I affirm onable care to redact each Social Security number in this docum	n under the penalti	ies for perjury,	that I have taken
Subsc	cribed and sworn to before me a Notary Public this 30^{T}	Day of	APRIL	20 _13
	ommission Expires: <u>02/14/17</u> ing in Lake County, Indiana	LISA	E. WARD, Not	tary Public
This is	instrument was prepared by ALISON ADAMS			·
			AMOUN CASH CHECK: OVERAC COPY NON-CO	CHARGE