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2020-073454

2020 Oct 14

9:28 AM

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B BROWN
RECORDER

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: **MICHAEL JENNINGS**

MICHAEL JENNINGS PT.#1003144073

ATTORNEY:

232 MARCLIFFE DR APT 9

VALPARAISO, IN 46385-8682

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 The Community Healthcare Systems d/b/a St. Mary Medical Center whose address is 1500 S Lake Park Ave, Hobart, Indiana 46342, 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 08/29/2020 and discharged from the hospital on 08/29/2020
2. The amount due for hospital care during the above time period \$15,417.30
FIFTEEN THOUSAND FOUR HUNDRED SEVENTEEN AND 30/100 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:

GRANGE INSURANCE
PO BOX 183238
COLUMBUS, OH 43218
CL# ZPA903224670

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 ninety (90) 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:

STACY M. LULICH, being the collection clerk for the above named, St Mary Medical Center, 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 requested by law.

Stacy M Lulich
STACY M. LULICH, PFS Support

Subscribed and sworn to before me a Notary Public this 29th Day of SEPTEMBER 20 20

My Commission Expires: 02/14/25
Residing in Lake County, Indiana

Lisa E. Ward
LISA E. WARD, Notary Public

This instrument was prepared by STACY M LULICH



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100039064
AM

CERTIFICATE OF PROOF

WITNESS to the signature(s) on the foregoing instrument to which this Proof is attached.

Samantha Bryak
Witness Signature

Samantha Bryak
Witness Printed Name

PROOF:

STATE OF INDIANA

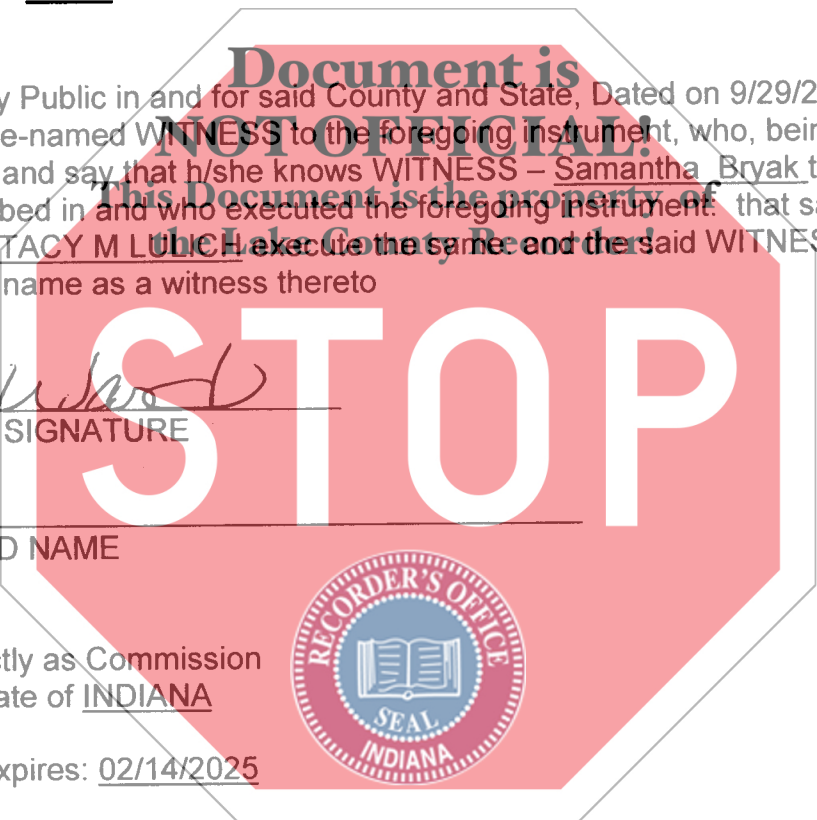
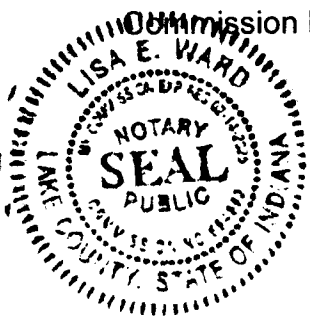
COUNTY OF LAKE

Before me a Notary Public in and for said County and State, Dated on 9/29/2020, personally appeared the above-named WITNESS to the foregoing instrument, who, being by me Duly sworn, did depose and say that h/she knows WITNESS – Samantha Bryak to be the individual(s) described in and who executed the foregoing instrument. that said WITNESS was present and saw STACY M LUBICH execute the same and the said WITNESS at same time subscribed his/her name as a witness thereto

Lisa E Ward
NOTARY PUBLIC SIGNATURE

LISA E WARD
NOTARY PRINTED NAME

Notary Name exactly as Commission
Notary Public – State of INDIANA
Seal
My Commission Expires: 02/14/2025



Commission No: 694890