983068

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

ro: Böbby"Balley (hother) Old)	
Address: 3624 Delaware Street	
Gary, Indiana 46409	
NC., Northlake Campus, 600 Grant Stree Campus, 8701 Broadway, Merrillville, address), intends to hold a Hospital Lien fofor hospital care, treatment or mainten follows:	Indiana 46410, (strike inappropriate all reasonable and necessary charges ance of the above listed patient as
1. The patient was admitted to the and was discharged from the hospital on	e hospital on 6/4/88, 19, 6-7-88, 19
2. The amount due for hospital of the above hospitalization istwo_the (\$2,107.39_) Dollars.	are, treatment or maintenance during
representative claims that the following liable for damages arising from the patien	knowledge, the patient or his legal named individuals and/or entities are the library causing the hospital
stay: Bobby Bailey	RECOR PROWN TO ALLES FOR
the Office of the Recorder of the Coun	riument, having been duly sworn upon A Springriury hereby states that the Hospital Recribed above and that the facts and
THE MI	THODIST HOSPITAL OF GARY, INC.
STATE OF INDIANA) SS:	
COUNTY OF LAKE)	
Campus of The Methodist Hospital of Ga	Supervisor for the above named ry, Inc., being duly sworn upon his/her foregoing are true and correct.
Subscribed and sworn to before m	
My Commission Expires: 4-5-9	dent of Lake County
This instrument prepared by: Louis 6 5525 E	C. Zeheralis, Attorney at Law roadway, Merrillville, Indiana 46410

HODE