91028934

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient: Stonewall Richmond, Jr. 4157 Polk Street Gary, IN 46408 Recorder of Lake County, Indiana ake County Government Center 1293 North Main Street 1293 North Main Main Main Street 1293 North Main Main Main Street 1293 North Main Main Main Main Main Main Main Main	
ecorder of Lake County, Indiana ake County Government Center 293 North Main Street rown Point, Indiana 46307. You are hereby notified that THE METHODIST HOSPITALS, INC., Northlake Campus, 8701 Broadway, Merrilliting 18410, (strike inappropriate address), intends to hold a Hospital Lien for all reasonable ecessary charges for hospital care, treatment or maintenance of the above listed property of 17 and was discharged from the hospital on APRIL 17 and was discharged from the hospital on APRIL 17 and was discharged from the hospital on APRIL 17 and was discharged from the hospital on APRIL 17 and was discharged from the hospital on APRIL 17 and was discharged from the hospital on APRIL 18 and was discharged from the hospital on APRIL 19 and was discharged from the hospital on APRIL 19 and was discharged from the hospital care, treatment or maintenance during the population is a presentative claims that the following named individuals and/or entitles are liable amages arising from the patient's liness or interv causing the hospital stay: This lien is being filled pursuant to the Hospital Lien Law, I.C. 32-3-28 in the College of the County in which the Hospital is located, within one hundred girty, (180) days after the patient was discharged from the Hospital. The understand dividual executing this instrument, having been duly sworn upon his/ner oath, understand the period of the County in which the Hospital intends to hold the hospital is escribed above and that the facts and native set forth in the foregoing statement use and correct: The intrinsical Counselor for the Table 18 and 18	
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at the facts stated in the foregoing are true and correct.	
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Ving of R. B. CO	
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Subscribed and sworn to before me, a Notary Public, this /5 day of	
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Fatrua & Bailey	
Notary	Publi
A Resident of LAKE C	ounty
Commission Expires:	
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This instrument prepared by:

Clyde D. Compton, Attorney at Law 5525 Broadway, Merriliville, IN 46410

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