3593

Hodges & Davis, P.C. 5525 Broadway Marrillville, Indiana 46410

SWORN STATEMENT 4 NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

ro:	LUKE DANIES	
Patient: Mr	. Luke Daniels	Attorney:
. 15	31 Taney Street	
Ga	ry, Indiana 46404	
Lake Cou 2293 Nor	of Lake County, Ind inty Government Cente th Main Street pint, Indiana 46307	
treet, Gar	ry, IN 46402, intends harges for hospital c	that THE METHODIST HOSPITALS, INC., 600 Grant to hold a Hospital Lien for all reasonable and are, treatment or maintenance of the above listed
1.	The patient was ad	the hospital on 12/26
_		
2. bove hospi dollars an	talization is Fifty	ospital care, treatment or maintenance during the y eight thousand four hundred eighty five \$ 58,485.50) Dollars.
3. egal repre ire liable iospital st	sentative claims that for damages arising i	ospital's knowledge, the patient or the patient's the following named individuals and/or entities from the patient's illness or injury causing the
n the Offi vithin one the Hospita Uuly sworn Tospital in	ice of the Recorder of hundred and eighty (l. The undersigned i upon oath, under the stends to hold the Hos	pursuant to the Hospital Lien Law, C. \$32-8-26-26 of the County in which the Hospital is located, 180) days after the patient was discharged from ndividual executing this instrument, having been a penalties of perjury, hereby states that the pital Lien as described above and that the regoing statement are true and correct.
		THE METRODIST HOSPITALS, INC.
		BY: + Atuen Kersterking
STATE OF IN) ss:	
OUNTY OF I	•	
ethodist H	Patricia Kendrick ospitals, Inc., being egoing are true and c	duly sworn upon oath, says that the facts et sted orrect.
•	-	History was a few
Subso	ribed and sworn to	before me, a Notary Public, this 30th day of
y Commissi	ion Expires:	A Resident of Lower County
9-	6-95	· (
his Instru	ument Prepared By: C	lyde D. Compton, Attorney at Law 525 Broadway, Merrillville, Indiana 46410