SWORM STATEMENT A NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

JOSEPHINE GUZMAN					
	1++ornew:	John D. Brech	w & Asso		
Patient: Josephine Guzman	weens mal.	200 W. Glen P			
8175 Alpine Ct.				35	.*
Crown Point, IN 46307		Griffith. IN		9 5	
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307	311 Wei Indian	a Department of 1 st Washington Str apolis, Indiana	et, Suite 6204	832	
You are hereby notified that Ti Street, Gary, IN 46402, intends to hol necessary charges for hospital care, tr patient as follows:	eatment or	maintenance of th			
The patient was admitted 19 95, and was discharged from the hou	ment 1			<u>95</u> '.	
above hospitalization is \$1175.00 seventy five Cloudses 40	isticker?	tment or maintend housand one bu	ince during	AG -	SIAR FLED
legal representative claims that the feare liable for damages arising from the hospital stay:	l's knowled	ge, the patient of			FOR RECORD
This Lien is being filed pursual in the Office of the Recorder of the within one hundred and eighty (180) of the Hospital The undersigned individually sworn upon oath, under the penal Hospital intends to hold the Hospital and matters set forth in the foregoin	County in Involution of I lien to in Lien to in	the patient was ding this instrume perjury, hereby a	ischarged it, having tates that that the rrect.	from been	
The state of the s	MANA JULY	an Cerra	Jusan C	<u>en</u>	<u>_</u>
STATE OF INDIANA)				Sant.	3 2
COUNTY OF LAKE)		Assembly Bonnos	ontative	ne The	
Susan Cerra Methodist Hospitals, Inc., being duly in the foregoing are true and correct	being a sworn upon t.	oath, says that	an C	itated <i>Le</i>	
Subscribed and sworn to before	e me, a No	1 17 2 Mile	ary Publi	C	15
My Commission Expires:	A Resident	of Sole	Count	Y	
B-24-98	•				
	D. Compton Broadway, M	, Attorney at La errillville, Ind	w iana 46410)	an a