STATE OF INDIANA
LAKE COUNTY
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Hodges & Davis, P.C. 8700 Broadway Merrillville, Indiana 46410

SWORN STATEMENT

A NOTICE OF INTENMANMENTO HOLD BOSPITAL LIEN RECORDER

lent: Delton		Attorney:	
RT 2, Bo	x 104AA		
Carthage	e, TX 75633	Who distributed in the control of th	
Lake County (2293 North M Crown Point,	Indiana 46307	311 West Washington Strong Indianapolis, Indiana 4	et, Suite 300 6204
You are heet, Gary, It essary charge ient as follo	nereby notified to N 46402, intends es for hespital car ows:	hat THE ARTHODIST HOSPITALS, INC. hold a Hospital Lien for all x treatment or maintenance of the	c., 600 Grant easonable and above listed
1. The	pHhist Decum	denoties the appropriate on fully	08,
5, and was	the Lake	county Recorder!	, 19 95
2. The	amount due for hor	spital care, treatment or maintena ired Seventy-two Thousand Six-Hun	nce during the
lars and Thi	rty-Six Cents (\$	72,672,36) Dollars.	area beverley t
al representa liable for o	ative claims that	spital's knowledge, the patient or the following named individuals as com the patient's illness or injus	nd/or entities
pital stay:			에 크로 가는 것으로 함께 있다. 지하는 사람들은 기를 가는 없다고 있다.
and the second s			
This Lien	is being filed pu	reught to the Hospital Lien Law,	t.c. \$32-8-26
the Office o hin one hund Hospital. T y sworn upon pital intend	f the Recorder of red and eighty (3) The undersigned in a oath, under the s to hold the Hose	the County in which the Hospital County in which the Hospital St. days after the patient was didividual exacuting this instrument penaltics of perjury, hereby stitel Lien as described above and county that ment are true and constitution of the county that ment are true and constitution of the county that ment are true and constitution of the county that ment are true and constitutions.	il is located, ischarged from t, having been ates that the that the facts
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