Return To:

Hodges & Davis, P.C. 8700 Broadway Marrillville, Indiana 46410

CK 3388

SWORN STATEMENT 4 NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO :	MARY J	IAMES	 				
Patient:	Mary J	lames 3314235	74 Att	orney: Ro	bert Veater		
	3651 H	larrison		10	00 E. 90 TH.	DR.	
	Gary,	IN 46408		Me	rrillville,	IN 46410	
Lake 2293	County (Lake County, In Government Cent ain Street Indiana 46307	ter	311 West	epartment of Nashington Strollis, Indiana	eet, Suite 300	
Street, necessar patient	Gary, II y charge as follo		TOFF	icepital intot mai	hien for all ; htenance of th	c., 600 Grant reasonable and e above listed CI ember 9 999	
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above ho	The spitaliz and No	amount dun to restation is Two Cents.	Thousand N	line Hur	dred Thirty	mes during the Eight Dollar	rs
Thin the O within o	presenta le for stay: is Lien office one hund ital. T	the best of the stive claims the same arising is being filed f the Recorder ked and eighty the undersigned	Hospital's kn at the following from the pat pursuantato of the Count (180) days as individual ex	owledge, ing named ient's i	the patient or individuals as liness or injusticular law, ch the Hospitz patient was dithis instrument	the patient's nd/or entities ry causing the read the read from the having been	STATE OF LAKE OF FILED FOR
Hospital	intends	oath, under to to hold the H	ospital Lien forecoing stat	descri	bed above and con	that the facts	R RECO
			2008 MA	The section of the se	OSPIZALS, INC	(X// 4/2)	100/5
STATE OF		A)) ss:	BY:	KEVIN	✓. PHILLIPS	Jewy V	huy
COUNTY O) N O. PHILLIP	·	3 GGOVIN			
MethodIs	t Hospit	N O. PHILLIP als, Inc., being are true and	ng duly sworn	upon oat	representation, says that the	ATIVE for The e facts stated	
	and the second second			KEVIN	O. PHILLIPS	JShi O'l	luy
My Commi	mber	and sworn to 19 <u>77</u> . pires:	· · · · · · · · · · · · · · · · · · ·	a Notary	Traske	day of Public County	
	28-95	-		*,		en e	V
This Ins	trument	Prepared By:	Clyde D. Comp 8700 Broadway		orney at Law lville, India	na 46410	10