Return To:

632333670 Hodges & Davis, P.C. 8700 Broadway Merrillville, Indiana 46410

SWORN STATEMENT NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

This Lien is being filed pursuant to the Hospital Lien Law, I.C. §32-8-26 to in the Office of the Recorder of the County in which the Hospital is located, within one hundred and eighty (190) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having piece the Hospital intends to hold the Hospital Lien as described above and that the Cots and matters set forth in the foregoing estatement are true and correct. THE METRODIST HOSPITALS, INC. THE METRODIST HOSPITALS, INC. (1) BY: Dina Carter (2) Dina Carter Subscribed and sworn to before me, a Notary Public, this for day of County Public County My Commission Expires: A Resident of Lake Notary Public County	TO:	Debbie Moldovan				
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307 You are hereby notified that THE METHODIST HospITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows: 1996, and was discharged from the hospital care, treatment or maintenance during the above hospitalization is One thousand three hundred sixty five dollars 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is One thousand three hundred sixty five dollars (1.365.00) 3. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the following named individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital stay: This Lien is being filed pursuant to the Hospital Lien Law, I.C. \$32-8-26 in the Office of the Recorder of the County in which the Hospital is located, within one hundred and eighty (180) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having then duly sworn upon oath, under the penalties of perjury, hereby states that the Cate and matters set forth in the foregoing statement are true and correct. (1) BY: Dina Carter Wethoulst Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. Dina Carter Subscribed and sworn to before me, a Notary Public, this Cart Subscribed and sworn to before me, a Notary Public, this Cart Notary Public A Resident of Are County Hy Commission Expires: A Resident of Are County	Patien	t: Debbie Moldovan	Attorney:	Komyatte & Free	land	
Recorder of Lake County, Indiana Lake County Government Center 293 North Main Street Crown Point, Indiana 46307 You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, Intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows: 1996. In the patient was admitted to the hospital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows: 1996. The patient was admitted to the hospital on 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is One thousand three hundred sixty five dollars (1)365.00 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is One thousand three hundred sixty five dollars (3)365.00 3. To the best of the Hospital's knowledge, the patient or the patient's [are liable for damages arising from the patient's Illness or injury causing the hospital stay: This Lien is being filed pursuant to the Hospital Lien Law, I.C. \$32-8-26 In the Office of the Recorder of the County in which the Hospital is located, within one hundred and eighty (180) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, havingthen R duly sworn upon oath, under the penalties of perjury, hereby states that the Chiebe Hospital intends to hold the Hospital Lien as described above and that the Acts and matters set forth in the foregoing statement are true and correct. THE METRODIST HOSPITALS, INC. THE METRODI		534 East 37th Ave #145		9650 Gordon Dri	ve	
Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307 You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows: 1996, and was discharged from the hospital on 2/B / 1996. 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is One thousand those hundred sixty five dollars (\$1.355.00) 3. To the best of the Rospital's knowledge, the patient or the patient's legal representative claims that the following named individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital stay: This Lien is being filed pursuant to the Hospital Lien Law, I.C. \$32-8-26 Within one hundred and eighty (180) days after the patient was discharged from Power and that the Cate of the Recorder of the County in which the Hospital is located, within one hundred and eighty (180) days after the patient was discharged from Power upon oath, under the penalties of perjury, hereby states the lien and supplies of perjury, hereby states the lien and matters set forth in the foregoing statement are true and correct. THE METROLIST HOSPITALS, INC. 1 By: Dina Carter Methodist Hospitale, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. 2 Dina Carter Methodist Hospitale, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. 2 Dina Carter My Commission Expires: A Resident of Area Notary Public, this 15th day of My Commission Expires: A Resident of Area Notary Public County My Commission Expires: A Resident of Area Notary Public County		Hobart, IN 46342		Highland, IN 4	6322	
Street, Gary, IN 46402, Intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows: 1. The patient was admitted to the hospital on 1/17, 1996. 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is one thousand three hundred sixty five dollars. (\$1.365.00) 3. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the following named individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital stay: This Lien is being filed pursuant to the Hospital Lien Law, I.C. \$32-8-26 in the Office of the Recorder of the County in which the Hospital is located the Hospital The undersigned individual executing this instrument, having piens the Hospital intends to hold the Hospital Lien as described above and that the 10 to	Lak 229	e County Government Center 3 North Main Street	311 Wes	st Washington Str	eet, Suite 300	
2. The amount due for hospital care; treatment or maintenance during the above hospitalization is One thousand three hundred girty five dollars (\$1.365.00 3. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the following named individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital stay: This Lien is being filed pursuant to the Hospital Lien Law, I.C. \$32-8-26 to in the Office of the Recorder of the County in which the Hospital is location, within one hundred and eighty (180) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having the most the Hospital intends to hold the Hospital Lien as described above and that the Rockts and matters set forth in the foregoing statement are true and correct. THE METROLIST BOSPITALS, INC. THE METROLIST BOSPITALS, INC. THE METROLIST BOSPITALS, INC. (1) BY: Dina Carter Whethodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. Subscribed and sworn to before me, a Notary Public, this for The Dina Carter Subscribed and sworn to before me, a Notary Public, this for The Notary Public County (2) Dina Carter A Resident of Recounty Public County	Street necess patien	, Gary, IN 46402, intends to ary charges for hospital care, t as follows:	hold a Hospit treatment or ument 1	al Lien for all maintenance of the	reasonable and	
2. The amount due for hospital care, treatment or maintenance during the above hospitalization is one thousand three hundred sixty five dollars. (\$1.365.00	1996,	 The patient was admitt and was discharged from the 	ed to the ho hospital on	spital on		60
legal representative claims that the following named individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital stay: This Lien is being filed pursuant to the Hospital Lien Law, I.C. \$32-8-26 of in the Office of the Recorder of the County in which the Hospital is located, within one hundred and eight (180) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having then the Hospital intends to hold the Hospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct. THE METRODIST HOSPITALS, INC. THE METRODIST HOSPITALS, INC. (1) BY: Dina Carter (2) Dina Carter Subscribed and sworn to before me, a Notary Public, this for day of the County of Lake Notary Public My Commission Expires: A Resident of County 11-28-99		2. The amount due for hospi hospitalization is One thousan	tal care, trea	tment or mainten	ance during the	265
in the Office of the Recorder of the County in which the Hospital is located, within one hundred and eighty (180) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having been aduly sworn upon oath, under the penalties of perjury, hereby states that the Cats and matters set forth in the foregoing statement are true and correct. THE METRORIST HOSPITALS, INC. THE METRORIST HOSPITALS, INC. (1) BY: Dina Carter Set for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. Subscribed and sworn to before me, a Notary Public, this that day of the Methodist Hospitals. Subscribed and sworn to before me, a Notary Public, this Metalthe Methodist Hospitals. Notary Public County 10-28-99 My Commission Expires: A Resident of Ace County	legal i	representative claims that the able for damages arising from	following nam	ned individuals a	nd/or entities	
in the Office of the Recorder of the County in which the Hospital is located, within one hundred and eighty (180) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having been aduly sworn upon oath, under the penalties of perjury, hereby states that the Cats and matters set forth in the foregoing statement are true and correct. THE METRORIST HOSPITALS, INC. THE METRORIST HOSPITALS, INC. (1) BY: Dina Carter Set for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. Subscribed and sworn to before me, a Notary Public, this that day of the Methodist Hospitals. Subscribed and sworn to before me, a Notary Public, this Metalthe Methodist Hospitals. Notary Public County 10-28-99 My Commission Expires: A Resident of Ace County						
STATE OF INDIANA (1) BY: Dina Carter (2) Dina Carter Subscribed and sworn to before me, a Notary Public, this 18th day of 19 16. My Commission Expires: A Resident of Sake 100. (1) BY: Dina Carter (2) Dina Carter (2) Dina Carter (3) Dina Carter (4) Dina Carter (5) Dina Carter (6) Dina Carter (7) Dina Carter (8) Dina Carter (8) Dina Carter (9) Dina Carter (1) Dina Carter (2) Dina Carter (3) Dina Carter (4) Dina Carter (5) Dina Carter (6) Dina Carter (7) Dina Carter (8) Dina Carter (9) Dina Carter (1) Dina Carter (1) Dina Carter (2) Dina Carter (3) Dina Carter (4) Dina Carter (5) Dina Carter (6) Dina Carter (7) Dina Carter (8) Dina Carter (9) Dina Carter (1) Dina Carter (1) Dina Carter (2) Dina Carter (3) Dina Carter (4) Dina Carter (5) Dina Carter (6) Dina Carter (7) Dina Carter (8) Dina Carter (9) Dina Carter (1) Dina Carter (1) Dina Carter (2) Dina Carter (3) Dina Carter (4) Dina Carter (5) Dina Carter (6) Dina Carter (7) Dina Carter (8) Dina Carter (9) Dina Carter (1) Dina Carter (1) Dina Carter (2) Dina Carter (3) Dina Carter (4) Dina Carter (5) Dina Carter (6) Dina Carter	in the within the Horduly s duly s	Office of the Recorder of the one hundred and eighty (180) spital. The undersigned individual upon oath, under the peal intends to hold the Hospital	he County in water to days after to idual executional ties of peal Lien as described.	which the Hospit he patient was d ng this instrument erjury, hereby s cribed above and	al is located, ischarged from it, having been tates that the the that the t	6 APR 23
I Dina Carter , being a Account Representative for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) Dina Carter Subscribed and sworn to before me, a Notary Public, this 18th day of factor of the Marke Notary Public County My Commission Expires: A Resident of Subscribed County			A Di	na carter	9.	
I Dina Carter , being a Account Representative for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) Dina Carter Subscribed and sworn to before me, a Notary Public, this 18th day of County A Resident of A Resident of Subscribed County) ss:				
My Commission Expires: A Resident of Sake County 11-28-99] Method	I Dina Carter ist Hospitals, Inc., being dul foregoing are true and corre	y sworn upon o	ath, says that th	ive for The	
11-28-99	(<u></u>	19 <u>46</u> .	Janice	Tratike Note	ry Public	
	My Com		A Resident o	t Auke	County	
This Instrument Prepared By: Clyde D. Compton, Attorney at Law						

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