97010700

TO:

STATE OF IN LAKE COU.

97 FEB 2! AM 9: 49

MORFIS W. CARTER RECORDER

Return To:

Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410

BWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:		Attorney:
-	53 W. US Hwy. 6, Room 7 Valparaiso, IN 46368	
	varparaiso, in 40300	
Lake Cou 2293 Nor	r of Lake County, Indiana unty Government Center oth Main Street oint, Indiana 46307	Indiana Department of Ins. 311 W. Washington St,St 300 Suite 300 Indianapolis, Indiana 46204
You ar	re hereby notified that THE MI	ETHODIST HOSPITALS, INC., 600 Grant
Street, Gar and necessa	ry, IN 46402, intends to hold	a Nospital Lien for all reasonable e, treatment or maintenance of the
and was dis	The patient was admitted to the scharged from the hospital on	JAN 31 , 19 97 .
		re, treatment or maintenance during usand nine hundred twenty and 43/100
<pre>patient's] and/or enti</pre>	To the best of the Hospital legal representative claims th	's knowledge, the patient or the pat the following named individuals ising from the patient's illness or
26 in the located, widischarged instrument, hereby standescribed a	Office of the Recorder of the ithin one hundred and eighty from the Hospital. The under having been duly sworn upon of tes that the Hospital intensions and that the facts and are true and correct.	the Hospital Lien Law, I.C. §32-8- e County in which the Hospital is (180) days after the patient was ersigned individual executing this ath, under the penalties of perjury, ds to hold the Hospital Lien as matters set forth in the foregoing THE METHODIST HOSPITALS, INC.
	MOIANA.	110000000000000000000000000000000000000
STATE OF IN	, ,	rolanda Jaime
COUNTY OF L	•	
I, YOL	ANDA JAIME , being	g a)SERVICE ACTIVITY MANAGER for The
		regt. •
	(2)	Land deme
J Subscr	ibed and sworn to before me,	a Notary Public, this // day of
My Commissi	on Eynires:	Notary Public
Ten 11		A Resident of July County
This Instru		ompton, Attorney at Law way, Merrillville, IN 46410 3593
		EFB 1 1500

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