STATE OF HUDIANA
FILL RECCUPITY
TO NAME OF THE OFFICE OFFICE OF THE OFFICE OF THE OFFICE OF THE OFFICE OF THE OFFICE OFFICE OF THE OFFICE OFFICE OFFI

98039911

98 JUN -- 1 AN 8: '

Return To:

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

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	DAVID RHEIN GUARA	NTOR FOR!				
Patient:	DAWN RHEIN		Attorney:	Walter J	. Allyarez	
	7873 N 120 E			1514 W.	164 AVe	
	LAKE VILLAGE, IN	<u>46349</u>		Crown Pair	<u> </u>	6301
Lake Co 2293 No	er of Lake County, ounty Government Co orth Main Street Point, Indiana 463	ent <b>er</b>	311 W Suite	na Departi . Washing 300 napolis,	ton st.st	300
Street, Ga	are hereby notifie ary, IN 46402, int sary charges for ted patient as fol	ends to hold hospital care	a Hospita	l Lien for	call rea	sonable
1. and was di	The patient was a scharged from the	dmitted to the hospital on	hospita 01-16	on	01-08 19_98,	19 <u>98</u> ,
· 2.	The amount due for hospitalization	r hospital car	re, treatm	ent or ma:	intenance	during
patient's and/or ent	To the best of legal representatities are liable is using the hospital	the Hospital ive claims the for damages ar	's knowled at the fo	llowing na	imed indi	viduals
26 in the located, discharged instrument hereby st described	Lien is being file Office of the Re within one hundre I from the Hospit , having been duly ates that the Ho above and that the are true and corr	ecorder of the dand eighty al. The under sworn upon or opposital intended and	e County (180) day ersigned i ath, under ds to hol	in which ys after individual the penal ld the Ho	the Hosp the pation execution ties of proposed in	ital is ent was ng this erjury, ien as
		Y WOLAND	THE METHOD BY: Ver	IST HOSPI	TALB, INC	•
STATE OF 1	) ss;	(1)	B.; <u>/////</u>	VERONICA	A LEE	
Methodist	ONICA LEE Hospitals, Inc., the foregoing are	being duly sw true and cor	rect.	oath, says	The state of the s	for The e facts
Şubsc	cribed and sworn t	(2) o before me,	a Notary	Public, th	u is <u>26 u</u>	day of
May	, 19 <u>%</u>		Chame	- Fratk	٠	
	sion Expires:		<i>U</i> A Resident	of Sil	Notary	Public County
	28-99					
This Instr	rument Prepared By	: Clyde D. C 8700 Broad				359

9,00 e m Ut# (1110