STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

98045728

DENNIS JONALD

TO:

98 JUN 18, AM 9: 03

Return To:

MORRIS W. CATTER

: RECHodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	LOGG TEEEDSON CT	Actorney	
	4926 JEFFERSON ST. GARY, IN 46408		
Lake Co 2293 No	er of Lake County, I ounty Government Cer orth Main Street Point, Indiana 46307	nter 311 Suit	ana Department of Ins. W. Washington St,St 300 te 300 Lanapolis, Indiana 46204
Street, Gand neces	ary, IN 46402, inte	nds to hold a Hospit ospital care, treatm	HOSPITALS, INC., 600 Grant al Lien for all reasonable ent or maintenance of the
	ischarged from the r	0 spital on $3 - 1$	
the above	The amount due for hospitalization i	hospital care, treats Tan June 11 27 (02) Dollars.	ment or maintenance during
patient's and/or ent	To the best of the legal representative	he Hospital's knowl ve claims that the f r damages arising fr	edge, the patient or the ollowing named individuals om the patient's illness or
26—in—the located, discharged instrument hereby st described	-Office of the Rec within one hundred i from the Hospital t, having been duly a ates that the Hos	order of the County and eighty (180) d . The undersigned sworn upon oath, unde pital intends to h facts and matters	in which the Hospital is ays after the patient was individual executing this or the penalties of perjury, old the Hospital Lien as set forth in the foregoing
		COMPLIANT A	bus M. Floludso
STATE OF	INDIANA)) ss:	T gray address of the control of the	0
	LAKE) Krum-Gldudie	, being a eing duly sworn upon crue and correct.	out Rypesintal for The oath, says that the facts
		(2) Sarley	M. Eldudso
ofte	ribed and sworn to	before me, a Notary	notary Public
This Insti	rument Prepared By:	A Residen Clyde D. Compton, A 8700 Broadway, Meri	
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