STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

Attorney:

98046382urn To:

KEITH YURA KEITH YURA

5989 MCKINLEY ST

MERRILLVILLE, IN 46410

TO:

Patient:

98046392 98 JUN 22 AM 9: 16 Pacific Production To: 98 JUN 22 AM 9: 16 Pacific Production Production

Recorder of Lake County, India Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307	Indiana Department of Ins. 311 W. Washington St,St 300 Suite 300 Indianapolis, Indiana 46204
Street, Gary, IN 46402, intends tand necessary charges for hospit above listed patient as follows:	THE METHODIST HOSPITALS, INC., 600 Grant to hold a Hospital Lien for all reasonable al care, treatment or maintenance of the
1. The patient was admitte and was discharged from the hospi	
2. The amount due for hosp the above hospitalization is FI (\$ 55337.53	ital care, treatment or maintenance during FTY FIVE THOUSAND THREE THIRTY SEVEN 53/100
3. To the best of the H patient's legal representative cl	ospital's knowledge, the patient or the aims that the following named individuals mages arising from the patient's illness or
26 in the Office of the Recorder	suant to the Hospital Lien Law, I.C. §32-8- of the County in which the Hospital is eighty (180) days after the patient was
discharged from the Hospital. Instrument, having been duly sworm hereby states that the Hospital	The undersigned individual executing this upon oath, under the penalties of perjury, intends to hold the Hospital Lien as and matters set forth in the foregoing
	(1) BY: Werner Lee
STATE OF INDIANA)) ss:	VERONICA LEE
COUNTY OF LAKE)	DED.
I VERONICA LEE Methodist Hospitals, Inc., being stated in the foregoing are true	and the contract of the contra
	(2) Deronica Lee.
Subscribed and sworn to befo	re me, a Notary Public, this // day of
My Commission Expires:	A Resident of Lake Notary Public County
This Instrument Prepared By: Clyc	de D. Compton, Attorney at Law D Broadway, Merrillville, IN 46410 3593
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	CKH0165