Return To:

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL

TO:	Yolanda H	denderson	····	— —		
Patient	Yolanda	Henderson	Att	Attorney: Gus John Galanos		
	320 N La	ake Street Apt 1	10	_ 565	55 Broadway	
	Gary, In	46403		_Mer	rillville.	In 46410
Lake 2293	County G North Ma	ake County, Indiana 46307	er	311 West Wa	shington a	of Insurance Street, Suite 300 na 46204 on
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:						
1. 19 <u>98</u> , a	The and was d	patient was a lischarged from	admitted to the hospita	the hospit	al on <u>1-1</u> -	<u>6</u> , 19 <u>98</u> .
2. The amount due for hospital care, treatment or maintenance during the above hospitalization is one thousand nine hundred sixty six dollars (\$ 1.966.00) Dollars.						
3. legal re are liab hospital	presenta le for d	he best of the	Hospital's kn	owledge, thing named i	he patient ndividual	or the patient's sand/or entities ijury causing the
Th	is Lien	is being filed	pursuant to	the Hospita	al Lien La	w, I.C. \$ 32-2-26
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 been duly sworn upon oath, under the penalties of perjury, hereby states that 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 METHODIST HOSPITALS, INC.						
			WDIANA	MIN	100	ha Howito
STATE OF)) 88:)	(1) BY: Gla	dys Hinton	/ /////////////////////////////////////	front the started
Gladys Hinton , 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) Gladys Hinton Way Hinton						
			(2) Glady	3 millicon	Mayor	
Subscribed and sworn to before me, a Notary Public, this 19 day of My Commission Expires: A Resident of San County						
			La constitución de la constituci	and a	-No	otary Public
My Commi		pires:	A Resi	dent of	Sar-	County
	3.24	-08				
This Ins	strument	Prepared By:	Clyde D. Com 8700 Broadwa	pton, Atto y, Merrill	rney at Laville, Inc.	aw diana 46410