TO:

STATE OF INDIANAL LAKE COUNTY FILED FOR RECORD

99081616

99,0CT-5 AM 8:52

Return To:

MCHodgesC&RDavis, P.C. 8700 BPbadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Marco Warren	nonu	
Patient:	Marco Warren	Attorney:	
	1025 E. 61st Place		
	Merrillville, In 46410		
Lake C 2293 N	er of Lake County, Ind ounty Government Cente orth Main Street Point, Indiana 46307	r 311 W Suite	na Department of Ins. . Washington St,St 300 300 napolis, Indiana 46204
Street, Ga	ary, IN 46402, intends	to hold a Hospital ital care, treatmer	SPITALS, INC., 600 Grant Lien for all reasonable at or maintenance of the
2.	The patient was admits scharged from the hosp The amount due for hos	pital on 4/30	, 19 99 . ent or maintenance during
the above hospitalization is one thousand four hundred sixty one dollars			
3. patient's and/or ent	To the best of the legal representative of	Hospital's knowled claims that the folamages arising from	ge, the patient or the lowing named individuals the patient's illness or
26 in the located, we discharged instrument hereby states described	Office of the Record within one hundred and from the Hospital. , having been duly swor ates that the Hospita	er of t'e County in design to design the undersigned in the undersigned in the under to hold to and matters set	n which the Hospital is after the patient was adividual executing this perjury, the Hospital Lien as forth in the foregoing
STATE OF I) ss:	(1) BY: Gladys Hi	nton Mady Juntin
Methodist I	Hinton Hospitals, Inc., being the foregoing are true	, being a <u>Account</u> duly sworn upon of and correct.	Representative for The ath, says that the facts
		(2)Gladys_H	inton Machy Llenton
Subsci	riped and sworn to bef		
		7000	1st Set Set Set Set Set Set Set Set Set Se
My Commiss:	ion Expires: 3 24-08	A Resident o	Notary Public County
This Instru	ument Prepared By: Cly	yde D. Compton, Atto 00 Broadway, Merril	

9.50 7628