Account 311181598

STATE OF INDIANA LAKE COUNTY -FILED FOR RECORD

2000 012451

2000 FEB 24 AM 8 53

MORRIS W. CARTER RECORDER

Return To:

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Sharon Alexander		
Patient:	Sharon Alexander	Attorne	y:
	7515 SE Cregier		
	Chicago, IL 60606		
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307		Center 31 Su	diana Department of Ins. 1 W. Washington St,St 300 ite 300 dianapolis, Indiana 46204
Street, Ga and necess	ry, IN 46402, in sary charges for	tends to hold a Hosp:	HOSPITALS, INC., 600 Grant ital Lien for all reasonable tment or maintenance of the
and was di	scharged from the	e hospital on January	tal on January 28 , 2000 , 30 , 2000 .
2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Two Thousand Six Hundred Eight and 10/100			
the above	(\$ 260	08.10 Dollars	undred Eight and 10/100
<pre>patient's and/or ent:</pre>	To the best of legal representat	the Hospital's know tive claims that the for damages arising f	pledge, the patient or the following named individuals from the patient's illness or
26 in the located, w discharged instrument, hereby stadescribed	Office of the R within one hundre from the Hospit , having been duly ites that the Ho	ecorder of the Count ed and eighty (180) al. The undersigned y sworn upon oath, und ospital intends to he facts and matters	spital Lien Law, I.C. §32-8- cy in which the Hospital is days after the patient was d individual executing this der the penalties of perjury, hold the Hospital Lien as set forth in the foregoing
		THE MET	HODIST HOSPITALS, INC.
		(1) BY: 27	2 / t C
STATE OF IN	NDTANA)		
) ss:	Mal	garét Cooper
COUNTY OF I	LAKE)		
Methodist I stated in t	Hospitals, Inc.,	, being a Acco being duly sworn upo true and correct.	unt Representative for The n oath, says that the facts
		(2) Mayon	ut Cope Margaret Cooper
Subscr Llvu	ribed and sworn t	o before me, a Notar	y Public, this 16 day of
	•	70,0	Notary Public
My Commission Expires: Notary Public A Resident of Lake County			
3/24	4/08		-
This Instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410 3593			