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STATE OF INDIANA LAKE COUNTY FILED FOR EROURD

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		M	ORRIS W. CAPITER	•	
		Return To:	RECORDER Hodges & 8700 Broad	Davis, P.C. dway, Merrillville, IN 46410	
<u>s</u> 1	WORN STATEM	ENT & NOTICE OF	INTENTION TO	HOLD HOSPITAL LIEN	
TO:	TAMARA BE	· ·			
Patient:	TAMARA BEATY		Attorney:	Attorney:	
	1640 W 54TH. AV				
		LLE, IN 46410			
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307			311 Suit	ana Department of Ins. W. Washington St, St 300 e 300 anapolis, Indiana 46204	
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. The patient was admitted to the hospital on 5-17,00,00, and was discharged from the hospital on 5-17,00,00.					
2. The amount due for hospital care, treatment or maintenance during the above hospitalization is SIX THOUSAND NINEFORTY SIX and 95/100 (\$ 6946.95) Dollars.					
3. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the following named individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital stay:					
This Lien is being filed pursuant to the Hospital Lien Law, I.C. §32-8-26 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.					
(1) BY: Veronica & Lee					
STATE OF I	INDIANA)		ONICA LEE	
) ss:	V 60 311	SWICA DEE	
COUNTY OF)	AC	CCOUNT REP.	
I VERONICA LEE , being a for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.					
		((2) Vecon	us Ster	
Subscribed and sworn to before me, a Notary Public, this 125 day of					
Marca Sales					
My Commission Expires:			A Residen	Notary Public A Resident of Lake County	
3/24/08 This Instrument Prepared By: Clyde D. Compton, Attorney at Law					
8700 Broadway, Merrillville, IN 46410 3593					