STATE OF INDIANA LAKE COUNTY FILED FOR TELOCOED

#332932706

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2000 AUG 22 AN 9:41

MORRIS W. CARTER RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

/ 2	WORN STATEMENT L	NOTICE OF INTENT	TOW TO HOLD H	Jartter FIEN	
\ TO:	Linda Whitehead				
Patient:	Linda Whitehead	At	torney:		
	1766 Hayes St				
	Gary In 46407			**************************************	
Lake C 2293 N	ler of Lake County County Government Corth Main Street Point, Indiana 46	Center	311 W. Wasi Suite 300	partment of Ins nington St,St 3 ls, Indiana 462	00
Street, G and neces	are hereby notifiary, IN 46402, in sary charges for ted patient as follows:	tends to hold a hospital care,	Hospital Lien	for all reason	nable
1. and was d	ischarged from the	e hospital on A	pril Broper	2000.	000,
the above	The amount due for hospitalization (\$927.	is Nine Hundr	ed Twenty Sev	maintenance du	iring
and/or en	To the best of legal representatives are liable using the hospital	tive claims that for damages aris:	the following	y named individ	duals
26 in the located, discharged instrument hereby st	Lien is being file of the Be within one hundred from the Hospith, having been dulates that the Heabove and that the are true and corrections	Recorder of the ed and eighty (1 tal. The unders y sworn upon oath cospital intends the facts and mat	County in white (80) days aft (1900) days aft (1900) and (1900) to hold the	ch the Hospita er the patient dual executing enalties of perj Hospital Lier	ul is was this jury, n as
		/mene	METHODIST HO	SPITALS, INC.	
		- Turning	1 1 1	C/0 0-	·
		(1) BY:	- Marie Karaman	· Chuoy e	
STATE OF 1	INDIANA ) ) ss:		Barbara M. B	lldridgě	
COUNTY OF					
II	Barbara M. Eldrido	ge . being a	Pt. Represer	stative for	The
Methodist	Hospitals, Inc.,	being duly sworn	n upon oath,		
stated in	the foregoing are	^	A		
		(2) Ja	Lan M Eldriche	Barbara M. E	làridae
Subs	cribed and sworn	-			
0000	august, 2000.	co belote me, a			
			Dancy Al	<i>Deldt</i> Notary Pu	3.3 P.Z
My Commiss	sion Expires:	λD	esident of La	Motary to	IDIIC
3/2	4/08	A N	COLUCIAL OF DO	ao oominj	
	ument Prepared By	v: Clyde D. Comp 8700 Broadway			3593
		OTOU DICAUMAY	1 130TTTTTATT	C) 411 30310	5573

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