353578818 634611867 STATE OF AMBRADA LAKE CONTINY FILED FOR THOMAD

2000 065018

2000 SEP -7 AM 9: 27

Return To: Hodges & Davis, P.C. NONE 87000Broadway, Merrillville, IN 46410

8700 Broadway, Merrillville, IN 46410 3593

2	WORN STATEM	ENT & NOTICE C	E INIENTIO	N TO HOLD H	SETTAM TITE	Ω
TO:	CURRY, PATRI	CIA				
Patient:			Atto	rney:		
	401 S. HANCO					
	GARY, IN 46	403				
Record	er of Lake (County, Indian	a	Indiana Dep	partment of	Ins.
Lake C	ounty Govern	nment Center			nington St,	st 300
	orth Main St			Suite 300	la Indiana	46204
	Point, India			-	ls, Indiana	
You	are hereby	notified that	THE METHOD	IST HOSPITA	LS, INC.,	600 Grant
and naces	sary charge	02, intends to s for hospita	1 care, tr	estment or	maintenanc	easonable
above list	ted patient	as follows:	in correct	10	azırçcıları	,0 01 0110
1.	The patient	was admitted	to the ho	spital on _	4-20	, 2000 ,
and was di	•	om the hospit			2000 .	
2.	The amount	due for hospi	taliscare, pt	reatment of	maintenand	ce during
the above	hospitaliz	ation is FOUF (\$4,594.00	THOUSAND FIVE	VE HUNDRED NIN	TY FOUR DOLL	ARS AND
NO CENTS						
3.		t of the Ho				
patient's	legal repre	sentative cla lable for dama	ims that the	ne following	g named inc	llnoss
		spital stay:	iges arrain	1 Trom cue b	actent's 1.	TIMESS OF
					_	
		ng filed pursu				
located.	within one	the Recorder hundred and e	of the Col	uncy in whi	er the nos	ient was
discharged	from the	Hospital. Th	e undersig	ned individ	lual execut	ing this
instrument	, having bee	en duly sworn	spon oath, i	under the pe	nalties of	perjury,
hereby st	ates that	the Hospital	intends to	o hold the	Hospital	Lien as
described above and that the facts and matters set forth in the foregoing statement are true and correct.						
o cacement	are true an	T COLLECT.				•
		EIII.	WOUND	ETHODIST HO	SPITALS, IN	ic.
			(1) BY: NI	LDA MELENDEZ	Modan	Solmde
STATE OF I	NDIANA)		,			7
)	85:				U
COUNTY OF	LAKE)					
I NILD	A MELENDEZ		being and	ACCOUNT REPRES	ENTATIVE	for The
Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.						
stated in	the foregon	ng are true an	d correct.	•	10.	1
			(2) NILDA	MELENDEZ /	Julda.M	elenda
Deuber	ribed and e	worn to before			this will	daylaf
		2000.	s me, a mol	ary rubito,	CHAP'S TO	- gayOn
-angus	<u> </u>	- 	(AM)	UTTO YIR SU	menes	
My Commiss	ion Expires	}	\ \		Notar	
Milain	L 20 2111	,	\ A Resi	dent of	alle	County
This	ument Prepar	ad Rue Cluda	D Comptor	n, Attorney	at Law	•
THIE WHOLE	mmenr trebar	en na. crane	D. COMPLOI	" vecories	L. L. MART	• *

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