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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2000 069696

2000 SEP 25 AM 9: 19

MORRIS W. CARTER RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SI	vorn statement & not	ice of intention to	HOLD HOSPITAL LIEN
TO:	David C. Momyer		
Patient:	David C. Momyer P.O. Box 320	Attorney:	
	Smithton, PA 15479	2	1
Lake Co 2293 No Crown P	r of Lake County, In unty Government Cent rth Main Street oint, Indiana 46307	er 311 W Suite India	napolis, 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 August 11,2000,			
and was discharged from the hospital on August 13, 2000 TV			
2. the above Dollars 83	The amount due for h hospitalization is /100 (\$4187.83	Four Thousand One H	entror maintenance during undred Eighty Seven
3. patient's and/or ent	To the best of the legal representative	Hospital's knowled claims that the fol damages arising from	lge, the patient or the lowing named individuals the patient's illness or
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.			
statement a	re true and correct.	NDIANA	ST HOSPITALS, INC.
		10/	1 1 1 1
STATE OF IN	DTANA )	(1) BY: Y WW MARGIE	WALLACE
COUNTY OF L	) ss:	MANGIE	. WALDACE
I, Margie D. Wallace , being a Account Representative for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.			
Subscr	ibed and sworn to be		Ablice this 14 day of
	<u>Sept</u> , 2000	Nancy Intv	Account Notary Public of Lake County
3/24 This Instru	ment: Prepared By: (	Clyde D. Compton, Att	corney at Law