2902 00905**3**

	Reti		es & Davis, P.C. Broadway, Merrillv	ille, IN 46410
8	WORN STATEMENT & NOT		- -	•
TO:	BONNIE THREADGILL			
Patient:	BONNIE THREADGILL 1200 WASHINGTON APT GARY, INDIANA 464		rney:	
Lake C 2293 N	er of Lake County, I ounty Government Cer orth Main Street Point, Indiana 4630	nter	Indiana Departmen 311 W. Washington Suite 300 Indianapolis, Ind	Street
Street, G and neces above lis		nds to hold a Ho ospital care, trows:	ospital Lien for a reatment or mainte	ll reasonable enance of the
1. and was d	The patient was addischarged from the l	mitted to the ho nospital on NOV	EMBER 21 NOVEMB	$\frac{ER}{01}$.
2.	The amount due for a hospitalization i	hospital care,	treatment or maint	enance during
and/or en	To the best of the legal representation titles are liable founding the hospital s	ve claims that to r damages arisin	the following named ng from the patient	d individuals
26 in the located, discharge instrumen hereby st described	Lien is being filed of Office of the Reconstruction one hundred the Hospital t, having been duly states that the Hospital above and that the are true and correct	corder of the Co and eighty (186 1. The undersic sworn upon oath, pital intends to facts and matter ct.	ounty in which the o) days after the gned individual exunder the penaltie to hold the Hospiers set forth in the METHODIST HOSPITAL	e Hospital is patient was kecuting this es of perjury, ital Lien as the foregoing
STATE OF		THAT BI: _	James E. Ross	<u> </u>
COUNTY OF) ss:		<u> </u>	
Methodist	ames E. Ross Hospitals, Inc., be the foregoing are t	eing duly sworn		
_NIN	cribed and sworn to 2001.	before me, a No	James E. Ross tary Public, this	5 day of May Of Notary Public County
This Inst	rument Prepared By:		on, Attorney at Law Merrillville, IN	

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