2002 018272

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Return To:

Hodges & Davis, p. C. LARIER

<u>;</u>	SWORN STATEMENT &	8700 NOTICE OF IN	Broadway, M FENTION TO I	erriliville, II	V 46410
TO: Patient:	DOREEN ZAVADA-G SUSAN ZAVADA 348 S. CALIFORN HOBART, IN 463	UBA Atto	orney:		
Lake Count 2293 North	of Lake County, Ind by Government Cente Main Street at, Indiana 46307	diana er	Suite 300	artment of Inst ington Street s, Indiana 4620	
You Street, Ga necessary patient as		Documen	ment or main	ien for all re cenance of the	asonable and above listed
above hosp (\$\frac{2,404}{3}.\]	To the best of the esentative claims for damages arisi	hospital care THOUSAND FO	treatment UR HUNDRED	or maintenance FOUR AND 85/10	during the
located, w discharged instrument, hereby stat	Lien is being file ne Office of the vithin one hundre from the Hospit having been duly tes that the Hospithat the facts and rrect.	ed and eighty tal. The un y sworn upon o	(180) days dersigned i ath, under	n which the after the position of the position of the penalties	Hospital is patient was this of perjury,
STATE OF INI	,) ss:	(1) BY:	OWNO JAMES E.	. Kas	
I JAN Hospitals, I	MES E. ROSS Inc., being duly are true and correct	, being a <u>Pati</u> sworn upon oath	ent Represer	<u>tative</u> for The the facts sta	: Methodist ted in the
J Subscri	ibed and sworn to 1	(2)	James &	Pall oss 7	ay of
My Commission	n Expires:	A Post	lant S	Notar Notar	y Public

May A Residen

Instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410

> 900 SA #9755