have be reconstructed to the second

2002 018274

2007 FFB 21 AM 9: 07

Return To:

Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410

×	NOIGI BIRIEMENI & NOI	ICE OF INTENTION TO HOLD HOSPITAL LIEN
TO:	ROBERT THOMAS	9
	ROBERT THOMAS	
Patient:	ROBERT THOMAS	Attorney:
	357 PORTER	•
	GARY, IN 46406	
Recorder o	f Lake County, Indiana	Indiana Denambrant C 7
Lake Count	y Government Center	Department of insurance
2293 North	Maih Street	311 W. Washington Street
Crown Poin	t, Indiana 46307	Suite 300
	c, marana 4030,	Indianapolis, Indiana 46204
You	are hereby notified	A.D. A. Brown arms
Street Ga	ry TN 46402 interior	that THE METHODIST HOSPITALS, INC., 600 Grant
patient as	Jan and moderna	are, creatment or maintenance of the above lieus
pactent as	TOTTOWS:	ocument is
1	ml NIO/I	OPERCIAL
1.	The patient was admit	ted to the hospital on DECEMBER 20, 2001
and was dis	charged from the hosp	ital on DECEMBER 21 , 2001
⇒.	TILC GILLOUIL. GIVE OF ATTORNA	Charles and the control of the contr
	TO THINDS	
(4 9/103.02	Dollars.	
3.	To the best of the Hos	spital's knowledge, the patient or the patient's
are liable	for damages arising f	from the patient's illness or injury causing the
hospital st	ay:	pactent's liness or injury causing the
-		
Thia t	dam da bart sta	
11118 1	iten is being filed pu	rsuant to the Hospital Lien Law, I.C. Section 32-
8-26 in th	e Office of the Rec	order of the County in which the Hospital is
located, w	ithin one hundred a	and eighty (180) days after the patient was
discharged	from the Hospital.	The undersigned individual executing this
instrument,	having been duly sw	orn upon eath under the
hereby stat	es that the Hospital	orn upon oath, under the penalties of perjury,
above and t	that the facts and ma	intends to hold the Hospital Lien as described
true and con	crect	atters set forth in the foregoing statement are
		MOJANA
		THE METHODIST HOSPITALS, INC.
		$()_{2} , \mathcal{Q})) $
STATE OF IND	. T A ST A	(1) BY: Kall
OTHER OF INL	,	JAMES E. ROSS
COUNTRY OF) ss:	U ,
COUNTY OF LA	KE)	
Т тах		
I JAM	ES E. ROSS , be	eing a <u>Patient Representative</u> for The Methodist
Hospitals, I	nc., being duly sworn	n upon oath, says that the facts stated in the
foregoing ar	e true and correct.	read that the lacts stated in the
		\bigcap \bigcap \bigcap
,		2) (ma) E Poly
	,	
Subscri	bed and gworn to before	MES E. ROSS
HOUMAN	2002.	re me, a Notary Public, this day of
y- wown	7. 2002.	// Les M
My Commission	. Francisco	LANGUIII. Jumenin
My Commission	Lxpires:	Notary Public
allen -	128-2006	A Resident of Alle County
- Wiss	0000	Country

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