TO:

Patient:

2002 037778

OLLIE MAGEE

OLLIE MAGEE 1601 OHIO STREET

2002 APR 22 AM 9: 23 ·

Return To:

MORNIS W. CANTEL.

8700 Broadway, Merrillville, IN 46410

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

GARY, INDIANA 46407	
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street	Indiana Department of Insurance 311 W. Washington Street
Crown Point, Indiana 46307	Suite 300
	Indianapolis, Indiana 46204
necessary charges for hospital care, treat patient as follows:	ent is maintenance of the above listed
1. The patient was admitted to the	hospital on FEBRUARY 18 , 2002
above hospitalization is FIVE THOUSAND NIN (\$ 5,921.46	e, treatment or maintenance during the NE HUNDRED TWENTY ONE AND 46/100
legal representative claims that the	nowledge, the patient or the patient's
legal representative claims that the folloare liable for damages arising from the hospital stay:	patient's illness or injury causing the
located, within one hundred and eighty discharged from the Hospital. The uninstrument, having been duly sworn upon hereby states that the Hospital intends to above and that the facts and matters set true and correct.	ndersigned individual executing this oath, under the penalties of perjury,
STATE OF INDIANA ) (1) BY:	Darliain a. Done
COUNTRY OF TAKE	BARBARA A. DOVE
COUNTY OF LAKE	
I BARBARA A. DOVE , being a <u>Pat</u> Hospitals, Inc., being duly sworn upon oat foregoing are true and correct.	$\sim$ 4
(2)	Barbara a. Done
Subscribed and sworn to before me, a No.	BARBARA A. DOVE of day of
fy Commission Expires:	antiti TIX Jumeney
Gugust 28 2006 A Resi	dent of Notary Public County
his Instrument Prepared By: Clyde D. Compton, Attorney at Law	
8700 Broadway,	Merrillville, IN 46410
	17
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