ACCOUNT: 333583987 333585370 333620532

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2007 APR 22. AM 9: 23

Return To:

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RECORDER
Hodges & Davis, P.C.
8700 Broadway, Merrillvilla

	SWORN STATEMENT	& NOTICE O	F INTENTION	TO HOLD HOSE	PITAL LIEN
TO:	GRETCHEN HOLL	EY		•	
Patient:	GRETCHEN HOLL	EY	Attorney:	<i>:</i>	
•	581 TANEY STR			**	
•	GARY, IN 464	04	, 		
Recorder o	of Lake County, I	Indiana	Indiana	Department o	of Ingurance
Lake Count	y Government Cen	iter	311 W.	Washington St	reet
Crown Dain	Main Street	_	Suite 3	00	
CIOWH POIN	it, Indiana 46307		Indiana	polis, Indian	a 46204
You	are hereby not:	ified that	THE METHODIS	T HOSPITALS.	INC., 600 Gran
Street, Ga	ry, IN 46402, i	ntends to he	old a Hospita	l Lien for	INC., 600 Gran all reasonable an
patient as		oital care, t	reatment or	maintenance o	all reasonable an f the above liste
	/.	7707			
1.	The patient was	admitted to	the hosnital	OCTORER	3 2001
and was dia	- CIME ACC TEOM THE	e nogotest o	a Lilibotta dv. 1	-222	
	will dire due		CIRCA CARACTER	man As in .	nance during the
(\$ 10 103p	oitalization is 00 Dollars		ID ONE HUNDRI	ED NINETY SE	VEN AND 001/00
· · <u> </u>	O DOTTALS	В.			
legal repre	esentative claim	the Hospital	B knowledge,	the patient	or the patient's
are liable	for damages ari	ging from th	ollowing name	d individual	or the patient's s and/or entitie
hospital st		sing from En	e patient's	illness or i	s and/or entitie njury causing th
	,, ,				
This 1	Lien is being fi	led purguent	ha bloom		,
8-26 in th	e Office of th	red pursuant	to the Hospi	tal Lien Law,	I.C. Section 32
located, w	ithin one hund	lred and Al	or the coun	ty in which	the Hospital is
discharged	from the Hoge	nital mu	auch (180)	days after	the patient was
instrument,	having been du	ilv sworn ur	on oath und	a individual	executing this
hereby stat	es that the Hos	pital intend	ls to hold th	er the penal	ties of perjury, Lien as described
above and	that the facts	and matters	set forth in	the foregoi	Lien as describeding statement are
true and co	rrect.	Tana,	WOIANA	the lorego	ing statement are
		T	HE METHODIST	/ HOSPITALS. IN	ic.
				_	A
STATE OF INI	י אאא	(1) B	r: Dar	haru a	. Done
,) ss:		BARBAR	RA A. DOVE	
COUNTY OF LA				5011	
	,				
I BA	RBARA A. DOVE	boing a	D-4-3 - 4 - 5		
Hospitals,	Inc., being duly	, permy a	Patient Repr	esentative f	or The Methodist ts stated in the
	e true and corre		oath, says	that the fact	ts stated in the
	T.			_	1
	• •	(2)	Darbar	ω (1) α	Jose
		· ·			
Subscri	bed and sworn to	before me,	a Notary Pub.	A A. DOVE of	day of
JI (UIIXI)	<u>/, 2002.</u>		Ilm Ma	M	
ly Commission	n Rymiyee.		Windle	111. AM	MAY
-1	" evhites:			Dale	Notary Public
MIMIN.	Fax allle		Resident of _	Bake	County
his Instrume	ent Prepared By:	Clyde D C-	mton let-	7 /	
. 0		8700 Broade	wcon, Actorn	ey at Law	<u>;</u>
		/	ay, Merrillvi	11e, IN 46410	Q_{-}