2002 043529

Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

<u>ç</u>	SWORN STATEMENT & NOTES		
TO:	Lori Aguilera	Attorney:	
	Lori Agullela		
Patient:	4928 W. 24th Ave.		
	Gary, IN 46406		
	Gary, IN 1010	Indiana Department of Insurance	
	Indiana	Indiana Department	
Recorder	of Lake County, Indiana	311 W. Washington Street	
- 1 COULT	150 GOVETIMENT	Suite 300	
- a a a Nort	rh Main Scree	Indianapolis, Indiana 40204	
2293 NOI	int, Indiana 46307	that THE METHODIST HOSPITALS, INC., 600 G s to hold a Hospital Lien for all reasonable	:rant
Crown Po.	IIIC, IIIC	METHODIST HOSPITALS, INC., 600 C	and
	horeby notified	that THE METHODIST Lien for all reasonable	and
You	are nerce, intends	s to hold a Hospital II	-Brea
Street,	Gary, IN for hospital	that THE METHODIST HOSPITALS, INC., 600 Sometimes to hold a Hospital Lien for all reasonable care, treatment or maintenance of the above li	
~~~~~~~~	y charges for north		
natient	as lorron	2002	
L	admit	pital on April 5, 2002 pital on April 5, 2002 ospital care, treatment or maintenance during ee Thousand Seven Hundred Ninty Four and 1	
1.	The patient was admit	nital on April 5	the
and was	discharged from the Hos	egnital care, treatment or maintenance and 1	7/100
2	The amount due for in	Thousand Seven Hundred Ninty Four and	
	ospitalization is Thre	ospital care, treatment or maintenance during or maintenan	nt's
above	10 Dollars.  4.17 Dollars.	Mospital's knowledge, the patient or	ities
(\$ <u>379</u>	To the hest of the H	Mospital's knowledge, the patient or the patient of	TUTOS
3.	To the source claims that	at the following hamed illness or injury causing	ig the
legal r	epresentative data	at the following named individuals and/of end at the following named individuals and of end at the following named individuals are individuals.	
are lia	able for damages arising with the stay: WISEWAY F	LOOD CENTER	
hognita	I stay: Olse		
		T C Coct 10	on 32-
		pursuant to the Hospital Lien Law, 1.C. Sections  Recorder of the County in which the Hospit  Recorder of the County in which the patien  and eighty (180) days after the patien	al is
ett.	his Lien is being filed	pursuant to the County in which the Hospit	.u.a.g
·	the Office of the I	Recorder of the patien	L Was
8-26 1	n the ordered hundred	and eighty (1807 days individual executing	fura
located	d. William	The lindersigned and of ne	rilltv
diccha:	raed IIOM CAS	unon oath, under the in a deg	ecribea
instru	ment, having been dary	tal intends to hold the Hospital Latere	nt are
hereby	states that the Hospit	sworn upon oath, under the penalties of pena	
ahawa	and that the	tal intends to hold the Hospital Lien as decided intends to hold the Hospital Lien as decided in the foregoing statement and the foregoing statement in the	
true a	and correct.		
LIUC 4		THE METHODIST HOSPITALS, INC.	
		(1) BY: Margaret Cooper  Margaret Cooper	
		my Margaret Coper	
		(1) BY: //accepar	
	OF INDIANA )	Margaret Cooper	
STATE	OF INDIANA ) ss:		
	•		
COUNT'	Y OF LAKE	_, being a <u>Patient Representative</u> for The Me sworn upon oath, says that the facts stated	thodist
		_, being a <u>Patient Representative</u> for the new sworn upon oath, says that the facts stated ct.	in the
	Margaret Cooper	gworn upon oath, says that the lacts bear	
Hospi			
fored	oing are true and correct	cc.	
10109	, o	Margart Coper	
		(2)	_
		(2) Margaret Cooper  Margaret Cooper  Notary Public, this 30 day	or
	- , bod and sworn to	Margaret Cooper  before me, a Notary Public, this 30 day	
	Subscribed and Sweet	15 2,21	
(la	, 2002.	Notary	${ t Public}$
U		Count	с <b>у</b>
My C	ommission Expires:	A Resident of Sale Count	_
-			$\mathcal{G}$
	3-24-08	: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410	カナ
This	Instrument Prepared By:	: Clyde D. Compton, Actorney as 8700 Broadway, Merrillville, IN 46410	in to
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	e para en	71	// '
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