Patient:

2002 044364 🔰

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Return To:

ROBERT MCCUMBER

GARY, IN 46408

ROBERT MCCUMBER 3650 W RIDGE RD #14

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
You are hereby notified that THE Street, Gary, IN 46402, intends to hold necessary charges for hospital care, treat patient as follows:	METHODIST HOSPITALS, INC., 600 Grant a Hospital Lien for all reasonable and ment or maintenance of the above listed
and was discharged from the hospital on D	e, treatment or maintenance during the
(\$1,602.00) Dollars.	nowledge, the patient or the patient's wing named individuals and/or entities
This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-8-26 in the Office of the Recorder of the County in which the Hospital is located, within one hundred and eighty (180) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having been duly sworn upon oath, under the penalties of perjury, hereby states that the Hospital intends to hold the Hospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct.	
	METHODIST HOSPITALS, INC.
	Angie Djukich
ANGIE DJUKICH , being a <u>Pa</u> Hospitals, Inc., being duly sworn upon oa foregoing are true and correct.	tient Representative for The Methodist th, says that the facts stated in the
Subscribed and sworn to before me, a :	
My Commission Expires: A Res	Notary Public Sident of Seconty
This Instrument Prepared By: Clyde D. Compt	