YVONNE HARRIS

STATE OF INDIAS LAKE COUNTS FILED FOR RECORD

2002 048234

2002 MAY 24 AM 9: 06

Return To:

MORRIS W. CARTER

8700 Broadway, Merrillville, IN 46410

## NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient: YVONNE HAR	RIS	Attorney:			
1181 NOBLE	STREET				
GARY, IN	46404	•			
	- 44	T 41	Department	of Insurance	•
Recorder of Lake Count	y, Indiana		na Department . Washington S		
Lake County Government	Center	Suite	_	,02000	
2293 North Main Street			napolis, India	ana 46204	
Crown Point, Indiana 4	5307				
You are hereby	notified that	THE METHOD	IST HOSPITALS	3, INC., 600	Grant
Above to Acres TN 4640	intende to	hold a Hospi	Mal Lien for	all reasonable	e ana
necessary charges for	hospital care,	treatment of	r maintenance	of the above 1	isted
patient as follows:	Ducu	ment is			
1. The patient	NOTO	FFICIA	ADDIT	22 2002	
1. The patient and was discharged from	was admitted to	o rue nospic	3 2002		<del></del>
and was discharged from 2. The amount	due for hospital	Care, trea	tment or main	tenance during	the
above hospitalization	i the Lake Co	INDEED TWEN	TVE TVE AND	50/100	
(\$ 825.50 ) Do	llars.	JINDIO I WILL	<u> </u>	M. S. J. St. S.	
3. To the best	of the Hospita	l's knowledg	e, the patien	t or the patier	ıt's
legal representative c	laims that the	following na	amed individu	uals and/or ent	ities
are liable for damages	arising from	the patient	's illness or	injury causin	ıg the
hospital stay:					
•					
This Lien is beir	ng filed pursuar	nt to the Ho	spital Lien L	aw, I.C. Section	n 32-
8-26 in the Office of	of the Recorde	r of the C	ounty in whi	ch the Hospita	al 18
located, within one	hundred and	eighty (180	days afte	r the patient	: was
discharged from the	Hospital.	The undersi	gned individ	ual executing	cinte
instrument, having be hereby states that th	en duly sworn	upon oath,	the Hognita	laittes or per	.jury, cribed
above and that the fa	e hospital inte	e set forth	in the fore	going statemen	t are
true and correct.	ices and maccer	WOLAND WILL COLUM	I In the lore	901119 00000000	
true and correct.					
		THE METHOD	est Hospitals,	INC.	
	·		)	$\sim$ /0	
	(1)	BY:	Parliara	(1. X Jour	
STATE OF INDIANA	)	BA	RBARA A. DOV	E '	
	) ss:	<b>5</b>			
COUNTY OF LAKE	)				
				. C Mb. Wahl	
I BARBARA A. D	OVE , being	a <u>Patient</u>	<u>Kepresentativ</u>	e for the Metr	n the
Hospitals, Inc., being		on oath, sa	ays that the	racts stated r	.11 C116
foregoing are true and	correct.		,	$\bigcirc$ $\land$	
•	(2)	(Da	mara (	I. Done	
•	(2)				_
Sub	to before :	BA Notary	RBARA A. DOV	E . day of	:
Subscribed and su	AOLU CO DEFOTE I	ne, a Nocary	Public, chib	uay 01	
_ foray , 2002.		7	18201		
My Commission Expires:		<u> U Dane</u>	of Beh	Notary Pub	lic
•		A Resident	of Och	County	
324-08					
This Instrument Prepar					Δ
•	8700 Bro	padway, Merr	illville, IN	16410	4_
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