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Return To:

MORKIS W. CARTER
Hodges & Davis ECORDER
8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE

-	DIATEMENT & NOTICE	OF INTENTION TO	HOLD HOSPITAL LIEN
TO: Patient:	EDWARD SWEEZER EDWARD SWEEZER 2348 WISCONSIN ST GARY, IN 46407	Attorney:	
Lake Count 2293 North	of Lake County, Indiana ty Government Center h Main Street nt, Indiana 46307	311 W. Was Suite 300	epartment of Insurance shington Street is, Indiana 46204
You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows:			
(\$ <u>8.37</u> 3. legal repr	2.56 Dollars. To the best of the Hospital Cesentative claims that the for damages arising from	al's knowledge, th	JUNE 19 , 2002 or maintenance during the DRED SEVENTY TWO & 56/100 de patient or the patient's individuals and/or entities liness or injury causing the
located, discharged instrument hereby sta	within one hundred and from the Hospital. , having been duly sworn test that the Hospital in	eighty (180) da The undersigned upon oath, under	l Lien Law, I.C. Section 32- in which ys after the Hospital is the patient was individual executing this the penalties of perjury, Hospital Lien as described the foregoing statement are
STATE OF IN) ss:	BY Davia BARB	ARA A. DOVE
Hospitals, foregoing a	are true and correct.	David	sentative for The Methodist at the facts stated in the
My Commissi	ribed and sworn to before m	A Resident of	M. Jamens Sahe Notary Public County
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