ACCOUNT: 653442830

GEORGE MCHENRY
GEORGE MCHENRY

12472 SHELBY PLACE CROWN POINT, IN 46307

TO:

Patient:

636342602

STATE OF INGRADA LAKE COUNTY FILED FOR RECORD

2002 117704

2007 DEC 19 AM 9: 44

MORRIS W. CARTER

RECORDER

Return To: Hodges & Davis, P.C. RECORDER
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 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:	
1. The patient was admitted to the hospital on OCTOBER 13, 2002 and was discharged from the hospital on OCTOBER 22, 2002. 2. The amount due for hospital care, treatment or maintenance during the	
above hospitalization is the four thousand your Hundred Forty Four and 00/100 (\$ 4,144.00) Dollars.	
3. To the best of the Hospital's legal representative claims that the follower liable for damages arising from the hospital stay:	lowing named individuals and/or entities
	T. G. Garbian 22
This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the Office of the Recorder of the County in which 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. THE METHODIST HOSPITALS, INC. (1) BY: BARBARA A. DOVE) ss: COUNTY OF LAKE	
BARBARA A. DOVE , being a <u>Patient Representative</u> for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) BARBARA A. DOVE	
Subscribed and sworn to before me, a Notary Public, this day of	
My Commission Expires:	Resident of Alle County
This Instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410	
	in the second se