354709200

PLEO FOR RECORD

2003 078446

Mos a

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	MICHELLE HARPER MICHELLE HARPER 3770 JOHNSON ST. GARY, IN 46408	Attorney: _		· · · · · · · · · · · · · · · · · · ·
Lake Count 2293 North	f Lake County, Indian y Government Center Main Street t, Indiana 46307	311 W. Suite	a Department of Insu Washington Street 300 apolis, Indiana 4620	
necessary patient as		care, treatment or	maintenance of the	
2.	The patient was admisscharged from the hos The amount due for he	ospital care vireat	ment or maintenance	during the
(\$560.4	Dollars.	E HUNDRED SIXTY 4	.2/100	
3. legal repr	To the best of the He esentative claims tha for damages arising	T The following non	100	
located, discharged instrument hereby sta	Lien is being filed phe Office of the Revithin one hundred from the Hospital having been duly notes that the facts and princet.	and eighty (180) The undersign worn upon oath, u	Inty in which the days after the ned individual exemples	Hospital is patient was cuting this of perjury,
		THE METHODIS	T HOSPITALS, INC.	
STATE OF I) ss:	(1) BY: PATRIC	EICE LIGHT E TAYLOR	SR
Hospitals,	ICE TAYLOR Inc., being duly sware true and correct.	being a Patient Report upon oath, says \bigcap	e <u>presentative</u> for The s that the facts st	ne Methodist ated in the
		(2) PATRICE	TAYLOR LIGHT	
Subsc	ribed and sworn to be	fore me, a Notary P	Public, this	day of
My Committee:	ion Expires: ク4 分//	A kesident o		ary Public
This Instru	ument Prepared By: Cl	yde D. Compton, Att 00 Broadway, Merril	orney at Law	The first of the second september of the second

Official Seal
JESSICA TORRES
Resident of Lake County, IN
My commission expires
March 24, 2011

核構

M. 918