2003 104638



7.00

Return To:

Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	JOHN B. Lee	
Patient:	John B. Lee	Attorney:
	6516 Miller Ave	
	Gary, IN 46403	
Pogordor o	of Lake County, Indiana	Indiana Department of Insurance
	y Government Center	311 W. Washington Street
		Suite 300
	n Main Street	Indianapolis, Indiana 46204
Crown Poir	nt, Indiana 46307	Indianaporis, indiana 40204
Gary, IN charges fo follows:	46402, intends to hold or hospital care, treatment of the patient was admitting the hospital from the hospital carbanged from the hospital car	THE METHODIST HOSPITALS, INC., 600 Grant Street, a Hospital Lien for all reasonable and necessary ent or maintenance of the above listed patient as to the hospital on April 17 , 2003 tal on April 17 , 2003 .
2.	The amount due for hos	oital care, treatment or maintenance during the
ahove host	oitalization is One Th	ousand Five Hundred Forty Dollars 04/100
(\$ 1,540.0		
3	To the hest of the Hos	pital's knowledge, the patient or the patient's
logal ren	resentative claims that	the following named individuals and/or entities
regal rep.	o for damages arising f	rom the patient's illness or injury causing the
hospital	stay:	
		rsuant to the Hospital Lien Law, I.C. Section 32-
33-4 in the within one Hospital. sworn upo intends to	he Office of the Recorde e hundred and eighty (18 The undersigned indiv n oath, under the penal to hold the Hospital I	er of the County in which the Hospital is located, (30) days after the patient was discharged from the idual executing this instrument, having been duly ties of perjury, hereby states that the Hospital ien as described above and that the facts and g statement are true and correct.
		THE METHODIST HOSPITALS, INC.
		(1) BY:
STATE OF	INDIANA)	CHEVELLE SMITH
) ss:	
COUNTY OF	LAKE)	
Hospitals	CHEVELLE SMITH , by , Inc., being duly swo are true and correct.	peing a <u>Patient Representative</u> for The Methodist rn upon oath, says that the facts stated in the
		(2) feel production
		CHEVELLE &MITH OH
/ Subs	scribed and sworn to bef	ore me, a Notary Public, this day of
	bes , 2003.	\bigcap \mathcal{A} \mathcal{A} \mathcal{A}
A STATE OF THE STA		Masiche Jords
My Commis	sion Expires:	Notary Public
<u>,</u>		A Resident of Oll County
Marci	o 24, 2011	
This Inst	rument Prepared By: Clyc	le D. Compton, Attorney at Law

8700 Broadway, Merrillville, IN 46410

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