2003 105708

Y Return To:

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

- 50

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	ARNETTA DAVIS ARNETTA DAVIS 2315 BUCHANAN ST. GARY, IN 46407	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
necessary of patient as	charges for hospital care, follows:	THE METHODIST HOSPITALS, INC., 600 Grant hold a Mospital Lien for all reasonable and treatment or maintenance of the above listed
above hosp: (\$ 1,897.7) 3. legal repre	1) Dollars. To the best of the Hospita sentative claims that the for damages arising from	ment is the property of to the hospital on 5/19/, 03 al care, treatment or maintenance during the SAND EIGHT HUNDRED NINTEY SEVEN 71/100 al's knowledge, the patient or the patient's following named individuals and/or entities the patient's illness or injury causing the
located, will discharged instrument, hereby state	ithin one hundred and from the Hospital. The having been duly sworn es that the Hospital interest that the facts and matter	of the County in which the Hospital is eighty [180] days after the patient was the undersigned individual executing this upon oath, under the penalties of perjury, ands to hold the Hospital Lien as described as set forth in the foregoing statement are
STATE OF INC	(1)	THE METHODIST HOSPITALS, INC. BY: PICL WILL
COUNTY OF LA) ss:	PATRICE TAYLOR
Hospitals, I	CE TAYLOR , being Inc., being duly sworn up te true and correct.	a Patient Representative for The Methodist on oath, says that the facts stated in the
Subscri	ibed and sworn to before m	PATRICE TAYLOR e a Notary Public, this day of Notary Public A Resident of All County
This Instrum	ent Prepared By: Clyde D. 8700 Bro	Country

8700 Broadway, Merrillville, IN 46410