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

	V				
			Hodges & Davis 8700 Broadwav.	Merrillarilla T	N. 46420
<u>S</u>	WORN STATEMENT &	NOTICE OF	INTENTION TO	HOLD HOSPITAL	LIEN
TO: Patient:	MARIA PEDROZA MARIA PEDROZA 15 LINCOLN AVE. HOBART, IN 4634		Attorney:		
Lake Count 2293 North	f Lake County, Inc y Government Cente Main Street t, Indiana 46307	liana er	311 W. Was Suite 300	epartment of Ins shington Street lis, Indiana 4620	
	are hereby notif ry, IN 46402, int charges for hospit follows:	Al care, fi	HE METHODIST Id a Hospital Patment or mai	HOSPITALS, INC. Lien for all rentenance of the	, 600 Grant
4.	The patient was a scharged from the The amount due for italization is F	unitted to hospital on chospital o	are treatment	03	_03 during the
3. legal repre	To the best of the sentative claims for damages arisi				
located, w discharged instrument, hereby stat	cien is being file e Office of the ithin one hundre from the Hospit having been duly es that the Hospitchat the facts and crect.	d and eig al. The	hty (180) day undersigned n oath, under	in which the Notes of the principle of the penalties of t	Hospital is patient was uting this perjury,
		TH	E метнобізт нов	SPITALS, INC.	,
STATE OF INI	DIANA)	(1) BY	PATRICE TA	The ly	USR
COUNTY OF LA) ss: AKE)				
Hospitals,	ICE TAYLOR Inc., being duly see true and correct	anorn abou	Patient Represent Says that	entative for The at the facts sta	e Methodist ted in the
Subscr:	ibed and sworn to	т	ATRICE TAYLOR A Notary Public		lay of
My Commissio	 -		xessica,	Jorres	9
Much This Instrum	24 2011 ent Prepared By: (esident of	\mathcal{U} co	y Public //C
	- spared by. (3700 Broadwa	ay, Merrillvill	e, IN 46410 Official JESSIC.	Seal A TORRES t of Lake County, IN mission expires