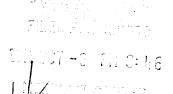
TO:

2003 106292



Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	LISA WALLACE LISA WALLACE 1120 BAKER STREET GARY, IN 46404	Attorney:	
Lake Count 2293 North Crown Poin	f Lake County, Indiana y Government Center Main Street t, Indiana 46307	Indiana Department 311 W. Washington S Suite 300 Indianapolis, India	treet na 46204
necessary patient as	charges for hospital ca follows:	hat THE METHODIST HOSPITALS, to hold a Hospital Lien for ce, treatment or maintenance of the the hold is	, INC., 600 Grant all reasonable and of the above listed
above hosp (\$ 17,524.6 3. legal repre	The amount due for hospitalization is SEVENT. 58 To the best of the Hospitalizative claims that the	ital care, treatment or mainte	enance during the JENTY FOUR 68/100 or the patient's
located, w discharged instrument, hereby stat	ithin one hundred and from the Hospital. having been duly swores that the Hospital.	uant to the Hospital Lien Law oder of the County in which deighty (180) days after The undersigned individual nupon oath, under the penantends to hold the Hospital ters set forth in the forego	the Hospital is the patient was lexecuting this lties of perjury.
		THE METHODIST HOSPITALS, I	NC.
STATE OF INI	,) ss:	BY: JESSICA TORRES	
Hospitals, if oregoing ar	e true and correct.	g a <u>Patient Representative</u> fupon oath, says that the fac	cts stated in the
<i>y</i> /-		JESSICA TORRES me, a Notary Public, this J	nd day of
My Commissio		A Resident of Lano	Notary Public
Mach 24 This Instrume	ent Prepared By: Clyde [. Compton, Attorney at law	County
	8/UU Bi	roadway, Merrillville, IN 4641	O ** ***

