Accounts: 354791394

March 24,2011

334489697

2003 106361

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

			
TO:	Connie Berry	N & & a a a a a a a a a	I. Peter Polansky
Patient:	Connie Berry	Accorney:	77 W. Wacker Dr., Ste 4025
	2201 Georgia St. Gary, In 46407		
	Gary, In 46407		Chicago, IL 60601
Recorder of Lake County, Indiana Indiana Department of Insurance			
Lake County Government Center 311 W. Washington Street			
2293 Nort	2293 North Main Street Suite 300		
Crown Point, Indiana 46307 Indianapolis, Indiana 46204			
You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable and			
necessary charges for hospital care, treatment or maintenance of the above listed patient as follows:			
1. The patient was admitted to the hospital on July 31 , 2003			
and was discharged from the hospital on August 21, 2003. 2. The amount due for hospital care, treatment or maintenance during the			
above hospitalization is One Thousand Seventeen and 99/100 (\$ 1017.99) Dollars.			
3. To the best of the Hospital's knowledge, the patient or the patient's			
legal representative claims that the following named individuals and/or entities			
are liable for damages arising from the patient's illness or injury causing the			
hospital stay:			
This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the Office of the Recorder of the County in which the Hospital is			
located, within one hundred and eighty (180) days after the patient was			
discharged from the Hospital. The undersigned individual executing this			
instrument, having been duly sworn upon oath, under the penalties of perjury.			
hereby states that the Hospital intends to hold the Hospital Lien as described			
above and that the facts and matters set forth in the foregoing statement are true and correct.			
WOIAN A. THE			
THE METHODIST HOSPITALS, INC.			
		(1) BY: 21/	t Carrie
STATE OF	INDIANA)		
•) ss:	Marga	rět Cooper
COUNTY OF	F LAKE)		
Margaret Cooper , being a <u>Patient Representative</u> for The Methodist			
Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.			
J-1	,		
	1	(2) May	ret Cooper
Sub	scribed and sworn to bef	Mar ɗ a Fore me, a Notary	ret Cooper 'Public, this Ind day of
Septemb	<u>w.</u> , 2003.	\bigcirc	tone
My Commis	ssion Expires:		Notary Public

A Resident of Nake

8700 Broadway, Merrillville, IN 46410

This Instrument Prepared By: Clyde D. Compton, Attorney at Law

Official Seal
LISA STONE
Resident of Lake County, IN
My commission expires
March 24, 2011

_ County