Return To:

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

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:Patient:	LASHAUNTA PIERCE LASHAUNTA PIERCE 3560 VAN BUREN ST. GARY, IN 46408	Attorney:	
Lake County 2293 North Crown Point	Lake County, Indiana Government Center Main Street , Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204	
	ry, IN 46402, intends to charges for hospital care,	THE METHODIST HOSPITALS, INC., 600 ( hold a Hospital Lien for all reasonable treatment or maintenance of the above 1	
and was dis  2. above hosp (\$\frac{1,321.92}{3}\$. legal representation are liable hospital states  This 33-4 in the located, discharged instrument	The amount due for Hospital pitalization is NONE THE 2 Dollars.  To the best of the Hospital for damages arising from tay:  Lien is being filed pursual he Office of the Records within one hundred and from the Hospital.  The property of the Records within one hundred and from the Hospital.  The property of the Records within one hundred and from the Hospital.  The property of the Records within one hundred and from the Hospital in that the facts and matter that the facts are property to the facts and matter that the facts are property to the facts are propert	al care, treatment or maintenance during HOUSAND THREE HUNDRED TWENTY ONE 92 al's knowledge, the patient or the patient of the patient of the patient of the patient's illness or injury causing and to the Hospital Lien Law, I.C. Section and the patient's illness or injury causing and the County in which the Hospital eighty (180) days after the patient with the undersigned individual executing upon oath, under the penalties of perfectly the patient of the county in the foregoing statement of the patient of the undersigned individual executing upon oath, under the penalties of perfectly the patient of the foregoing statement of the foregoing statement of the patient of the foregoing statement of the patient of the penalties of	it's ities g the on 32- al is was this cjury, cribed
STATE OF I	(1)	BY: JESSICA TORRES	_
COUNTY OF	) ss:	·	
Hospitals, foregoing	, Inc., being duly sworn are true and correct.	ng a Patient Representative for The Met upon oath, says that the facts stated  )  JESSICA TORRES	
Subs August	cribed and sworn to before, 2003.	JESSICA TORRES  e me, a Notary Public, this 2/5t day o	Ι
J	sion Expires:	A Resident of Rank County	
Munch This Inst	24,2011 rument Prepared By: Clyde 8700 E	D. Compton, Attorney at Law Broadway, Merrillville, IN 46410	90
		Official Seal LISA STONE Resident of Lake County, My commission expires March 24, 2011	, IN