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Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

<u>57.</u>	TOTAL DIRIBHENT & NOTICE	OF INTENTION TO HOLD HOSPITAL LIEN
TO:	MONTAYA ROBINSON	
Patient:	MONTAYA ROBINSON	Attorney:
	199 EAST 58th CT #59	
	MERRILLVILLE, IN 46410	
Pecordor of	F Lako County Indiana	- 11
Lake County	f Lake County, Indiana y Government Center	Indiana Department of Insurance
	Main Street	311 W. Washington Street Suite 300
Crown Point	t, 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 7/26/ 2003		
and was discharged from the hospital on 7/26/ 2003 2. The amount due for hospital care, treatment or maintenance during the		
above hospitalization is FIVE HUNDRED SIXTY 12/100		
(\$ <u>560.12</u>	Dollars.	
3.	To the best of the Hospit	al's knowledge, the patient or the patient's
regar repre	esentative claims that the	following named individuals and/or ontition
hospital st	for damages arising from	the patient's illness or injury causing the
nospical sc	Lay:	
This	Lien is being filed pursu	ant to the Hognital Lien Law I C. Gorbian 20
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 matieut		
discharged from the Hospital. The undergianed individual answelling		
instrument, having been duly sworn upon oath under the nonellian of		
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.		
		THE METHODIST HOSPITALS, INC.
	(1)	BY: TOPICS SINISP,
STATE OF IN	VDIANA)	
) ss:	PATRICE TAYLOR
COUNTY OF I	JAKE)	
PATRI	ICE TAYLOR	
, Delig a Parlent Representative for The Mothedist		
Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.		
3 3	and confidence.	
	(2)	HAPICE - ANNE
4 .		DATRICE TAVIOR
Subscribed and sworn to before me, a Notary Public, this day of		
y LAUTHA	\underline{UC} , 2003.	Change & Jan
My Commissi	ion Expires:	Alwarius Jures
Doine	2/1 2/1/1	A Resident of County
This Instru	ment proposed By Gl	
This Instrument Prepared By: Clyde D. Compton, Attorney at Law		



8700 Broadway, Merrillville, IN 46410