Account: 611831280

2003 106840

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Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Tandanisha Tandanisha 2041 Iowa Gary, IN	Parker St.	Att	orney:			
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307				Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204			
Street, Ga	ry, IN 4640 charges for follows:	notified the control of the control	to hold re, trea CUM	a Hospit	al Lien fo maintenance	r all rea e of the a	sonable and above listed
1. and was di	scharged fr	was admitte	al on A	laust 24	2003		
2. above hosp	The amount pitalization	due for hosp is <u>Two Th</u> ollars.	oital car	e, treatm Eight Hur	ment or maindred Eigh	ntenance of t and 59/	100
3. legal repr are liable hospital s	esentativ <mark>e</mark> for dama <mark>ge</mark>	c of the Hosp claims that (s arising fr	the foll	owing nam	ed indivi	duals and	for entities
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.							
THE METHODIST HOSPITALS, INC.							
STATE OF I)) ss:)	1) BY:	27/ac Margare	gaut (et Cooper	super	<u> </u>
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.							
	1	(2)	Marga	aut Coper	wper	
Septen	ribed and s	worn to befor	re me, a	Notary P	ublic, this	5+h	day of
My Commiss	ion Expires	:		MUU	CXODE	Nota	ry Public
March	94,2011	and position of the		esident o		<u>'</u> c	ounty
THE THECT	ишене Prepa:	red By: Clyde	D. Comp	oton, Atte	orney at La	w	σ_{α}

Official Seal
SHERI LOPEZ
Resident of Lake County, IN
My commission expires
March 24, 2011

8700 Broadway, Merrillville, IN 46410

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