TO:

2233 106843

Return To:

DEBBIE WALDEN

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	DEBBIE WALDEN 4149 DEARBORN ST.	Atto	orney:		
	EAST CHICAGO, IN	46312			
Lake Count 2293 North	f Lake County, Indi y Government Center Main Street t, Indiana 46307		Indiana Departme 311 W. Washingto Suite 300 Indianapolis, In		
Street, Ga	ry, IN 46402, inte charges for hospita	ends to hold	a Hospital Lien t ment o r maintenar	TALS, INC., 600 Gra for all reasonable a nce of the above list	
above hosp (\$ 2,538.8	pitalization is TW 36 Dollars. To the best of the	hospital on 7 hospital car O THOUSAND F	/22/ , 20 e, treatment or m LVE HUNDRED THIR	03	
are liable hospital s	for damages arisi	ng from the	patient's illness	or injury causing t	tes The
located, discharged instrument hereby sta	within one hundre from the Hospi , having been dul tes that the Hosp that the facts ar	Recorder of ed and eight tal. The years upon ital intends	the County in y (180) days a undersigned indicate, under the to hold the Hosp	n Law, I.C. Section 3 which the Hospital fter the patient widual executing the penalties of perjunital Lien as describ oregoing statement a	is vas nis Ty,
STATE OF I) ss:	(1) BY:	PATRICE TAYLOR	Kuffer	
Hospitals, foregoing Subsch My Commiss	Inc., being duly are true and correctibed and sworn to but, 2003. ion Expires: 34,9011 ument Prepared By:	sworn upon oct. (2) before me, a A Re	PATRICE TAYLOR Notary Public, the	Notary Public County	he
			SEAL POLAN	Official Seal JESSICA TORRES Resident of Lake County, IN My commission expires March 24, 2011	10