Jimmie Hope

TO:



## 2003 111453

2603 U.D. 15 Ph 1: 36

Monges Highliter

Return To:

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

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

Patient:	Jimmie Hope	Attorney:
	3776 Monroe St.	
	Gary, IN 46408	
	_	
	f Lake County, Ind	population of insulation
Lake County	y Government Cente	r 311 W. Washington Street
	Main Street	Suite 300
Crown Point	t, Indiana 46307	Indianapolis, Indiana 46204
street, Ga	ry, IN 46402, int charges for hospit follows:	ed that THE METHODIST HOSPITALS, INC., 600 Grant ends to hold a Hospital Lien for all reasonable and al care, treatment or maintenance of the above listed dimitted to the hospital on August 21 , 2003
and was dis	scharged from the	nospital on August 29 , 2003 .
2.	The amount due for	s hospital care, treatment or maintenance during the
above hosp	ltalization /is 🚚	enty One Thousand Four Hundred White M' 56/100
(\$ <u>21,439.5</u>	Dollars.	Document is the property of
3.	To the best of the	Document is the property of  Hospital's knowledge, the patient or the patient's  that the following paned individuals and for the patient or the patient's
	oried carried	chac che fortowilla liamen individuale and/or entitios
are liable	for damages arisi	ng from the patient's illness or injury causing the
hospital st	:ay:	
mb i a	Tion in being Cil	
1015 .	Lien is being file	d pursuant to the Hospital Lien Law, I.C. Section 32-
located :	tithin one hundre	Recorder of the County in which the Hospital is
discharged	from the Hospi	ed and eighty (180) days after the patient was tal. The undersigned individual executing this
instrument.	having been dul	worn uncertained 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 co	rrect.	The floregoing statement are
		THE METHODIST HOSPITALS, INC.
		221
STATE OF IN	DIAMA \	(1) BY: Margaret Cooper
DIMIL OF IN	) ss:	Margaret Cooper
COUNTY OF L		
	,	
_Marga	aret Cooper	_, being a Patient Representative for The Methodist
nospitais,	inc., being duly	sworn upon oath, says that the facts stated in the
foregoing a	re true and correc	t.
		$\sim$
		(2) Margaret Cooper  Margaret Cooper  before me, a Notary Public, this 17th day of
Subscr	tibed and swam to	Margaret Cooper
Septomber.		before me, a Notary Public, this _/// day of
- Planta C	, 2000.	Li Hano
My Commission	on Expires:	Notana Bula
	_	Notary Public  A Resident of Same County
March 3	84,2011	
This Instru	ment Prepared By:	Clyde D. Compton, Attorney at Law
		8700 Broadway, Merrillville, IN 46410

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

124623