TO:

2003 116223

2600 - - 1:34

Return To:

George Gilea

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	George Gilea	Attorney	/ :	
	7418 Chase St. Merrillville, In.	46410		
.				
Recorder o	f Lake County, Indi y Government Center		diana Department of In 1 W. Washington Street	surance
2293 North	Main Street		ite 300	
Crown Poin	t, Indiana 46307		dianapolis, Indiana 46	204
Street, Ga	ry, IN 46402, intecharges for hospitation follows:	nds to hold a Hold care, treatment Document		reasonable and e above listed
	scharged from the h	mitted to the hosp ospital on August		<u>, 2003</u> .
2. above hosp: (\$647.20	The amount due for italization is Six _) Dollars.	hospital care, t Hundred Forty-seve	reatment or maintenance en dollars 20/100	e during the
3. legal repre	To the best of the	Hospital's knowle	edge, the patient or to named individuals ar	he patient's
are liable hospital st	for damages arising	ng from the pation	ent's illness or injur	nd/or entities Ty causing the
located, wdischarged instrument, hereby state	ne Office of the within one hundre from the Hospit having been duly tes that the Hospithat the facts and	Recorder of the dand eighty (1 al. The under sworn upon oath tal intends to he	Hospital Lien Law, I.C County in which the 180) days after the signed individual ex , under the penalties old the Hospital Lien eth in the foregoing	Hospital is patient was secuting this of perjury,
		THE METHO	ODIST HOSPITALS, INC.	
STATE OF IN) ss:	(1) BY: 0	Migrally Coly anda Walls	
COUNTY OF L	AKE)			
Methodist H	anda Walls ospitals, Inc., be going are true and	ing duly sworn upo	Patient Representation oath, says that the	ve for The facts stated
) Subscr C10/1/1	ribed and sworn to :	Toward Defore me, a Notar	anda Walls ry Public, this _///	_ day of
	on Expires:	jusc	uca Alorres	cary Public
march	24 -2011	A Residen		County
This Instru	ment Prepared By: C	lyde D. Compton, . 3700 Broadway, Mer	Attorney at Law rillville, IN 46410	9 - 10
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