

611907296 611909789 **2004 033270**

TO:

Return To:

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient: Charm 1409	naine Simmons naine Simmons Chesapeake Dr. araiso, IN 46383		
Recorder of Lake Lake County Gove 2293 North Main Crown Point, Ind	Street	Indiana Department of In 311 W. Washington Street Suite 300 Indianapolis, Indiana 46	
necessary charge	N 464UZ, intends to hold	E METHODIST HOSPITALS, INC d a Hospital Lien for all eatment or maintenance of th	20000001 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
2. The a above hospitaliz (\$ 53,809.47	ed from the hospital on mount due for hospital cation is <u>Fifty Three Th</u> Dollars.	are, treatment or maintenanc ousand Eight Hundred Nine &	e during the 47/100
representa	tive claims that the fol	knowledge, the patient or t lowing named individuals as patient's illness or injus	nd/or ontition
located, within discharged from instrument, havi hereby states the	one hundred and eighthe Hospital. The ng been duly sworn uponat the Hospital intends the facts and matters s	to the Hospital Lien Law, I.0 f the County in which the nty (180) days after the undersigned individual ex n cath, under the penaltie to hold the Hospital Lien et forth in the foregoing	e Hospital is patient was kecuting this s of perjury,
THE METHODIST HOSPITALS, INC.			
STATE OF INDIANA	(1) BY)) ss:)	Margaret Cooper	w
Margaret C Hospitals, Inc., foregoing are tru	being duly sworn upon	Patient Representative for oath, says that the facts	The Methodist stated in the
My Commission Exp	oires: A F Prepared By: Clyde D. Com	Resident of <u>Adre</u>	day of tary Public County (M. 9
		Official Seal	1

