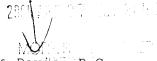


355025909

TO:

130658

2004 034230



Return To:

Jacqueline Blakemore

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

Patient:	Cassidy Barner	Atto	rney:		
	3441 Maryland St.	<del></del>			
	Gary, IN 46409	<u> </u>			
Lake Count 2293 North	of Lake County, Indi ty Government Center n Main Street nt, Indiana 46307		311 W. Washin Suite 300	rtment of Insungton Street Indiana 4620	
Street, Ganecessary	are hereby notificary, IN 46402, intecharges for hospitals follows:	nds to hold a	Hospital Lie	en for all rea	asonable and
2. above hosp (\$ 816 3. legal repr	The amount due for citalization is Eigs. 00	ospital on Mare hospital care ht Hundred Six s.  Hospital's kn hat the follow	Jarch 29 , 20 , treatment on teen and 00/10 owledge, the pwing named in	maintenance 00 patient or the	during the patient's /or entities
33-4 in to located, discharged instrument hereby sta	Lien is being filed the Office of the within one hundred from the Hospite, having been duly ates that the facts and correct.	Recorder of d and eighty al. The u sworn upon tal intends to matters set	the County i (180) days ndersigned in oath, under t o hold the Ho	n which the after the ndividual execte penalties ospital Lien of foregoing states	Hospital is patient was cuting this of perjury, as described
STATE OF I	) ss:	(1) BY: _	777argan Margare	t Cooper	<u>V</u>
Hospitals,	rgaret Cooper Inc., being duly are true and correc	sworn upon oa	tient Represer th, says that	<u>ntative</u> for T . the facts st	he Methodist cated in the
Cula a	cribed and sworn to	(2)	Margaret Margare	t Cooper	day of
Carl	, 2004.	_5	Lixa Stone		
manch a	cument Prepared By:	Clyde D. Compt	_	at Law	ery Public County (IIC 9)
30658		8700 Broadway,	Merrillville	Official Seal LISA STONE Resident of Lake County My commission expire March 24, 2011	unty. IN