2004 034231

355006206

TO:

130657



Return To:

Rodney Bryant

Hodges & Davis, P.C.

## 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Rodney Bryant	Attorney:
	658 Walnut	
	Westland, MI 48185	
Lake Count 2293 North	of Lake County, Indiana by Government Center Main Street at, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
necessary	ary, 1N 46402, intends to charges for hospital care	at THE METHODIST HOSPITALS, INC., 600 Grant o hold a Hospital Lien for all reasonable and treatment or maintenance of the above listed
above hosp (\$ 4,5) 3. legal representation	The amount due for hospitalization is Four Thou 05.00 ) Dollars.  To the best of the Hospi esentative claims that the	tal care, treatment or maintenance during the sand Five Hundred Five and 00/100  tal's knowledge, the patient or the patient's me following named individuals and/or entities
hospital st	for damages arising from	the patient's illness or injury causing the
located, with discharged instrument, hereby sta	ne Office of the Record within one hundred and from the Hospital. , having been duly swort tes that the Hospital in that the facts and matt	der of the County in which eighty (180) days after the patient was the undersigned individual executing this upon oath, under the penalties of perjury, atends to hold the Hospital Lien as described ers set forth in the foregoing statement are
		THE METHODIST HOSPITALS, INC.
STATE OF IN	) ss:	BY: Margaret Cooper  Margaret Cooper
Marga Hospitals,	,	ng a <u>Patient Representative</u> for The Methodist upon oath, says that the facts stated in the
My Commissi	, 2004. on Expires: <u>\( \( \( \) </u>	Margaret Cooper  me, a Notary Public, this gh day of  A Resident of Aakl  County  Compton, Attorney at Law  coadway, Merrillville, IN 46410
m	8700 B:	Official Seal LISA STONE Resident of Lake County, IN My commission expires March 24, 2011