

355002379

TO:

2004 034235

,2011 17 17 18 28 1

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Myisha Lattimore			
Patient:	Myisha Lattimore	Attorney:		
	2939 W. 19th Ave.	_		-
	Gary, IN 46404	_ 		-
Lake Count 2293 North	f Lake County, India y Government Center Main Street t, Indiana 46307	311 W. Suite	na Department of Ins . Washington Street 300 napolis, Indiana 462	
street, Ga	are hereby notified ary, IN 46402, inten- charges for hospital follows:	ds to hold a Hosni	tal Lien for all r maintenance of the	easonable and
above nosp	The patient was adm. scharged from the ho The amount due for litalization is One 16.00) Dolla	spital on March 05 nospital care, treat Thousand Nine Hundre	tment or maintenance	during the
3. legal repr	To the best of the I esentative claims th for damages arising	Hospital's knowledge	med individuals an	d/or ontition
located, with discharged instrument, hereby sta	Lien is being filed he Office of the Fwithin one hundred from the Hospita, having been duly tes that the facts and orrect.	Recorder of the Co and eighty (180) l. The undersign sworn upon eath, we al intends to hold	unty in which the days after the ned individual examples the penalties	Hospital is patient was ecuting this of perjury,
THE METHODIST HOSPITALS, INC.				
STATE OF IN) ss:		igant Capen Idrgaret Cooper	,
Hospitals,	garet Cooper , Inc., being duly sw are true and correct.	being a <u>Patient R</u> Jorn upon oath, say	epresentative for T s that the facts s	he Methodist tated in the
		(2) 22/21	t (
apa	ribed and sworn to be		argaret Cooper och Public, this och for ake	
	on Expires:	A Resident o	f Not	ary Public
manch	34,2011 ment Prepared By: Cl	II ROSIGCIE O	· Juice	County 149
This Instru	ment Prepared By: Cl 87	yde D. Compton, Atto 00 Broadway, Merril	orney at Law lville, IN 46410	County 1149
			Official Seal	h~

