ACCOUNT: 637245705

PLED FOR RECORD

2004 034705

200 months and 10 f

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	FRANCES M. PAWLI				
Patient:	FRANCES M. PAWLI 3009 VIRGINIA PA		ney:		
	VALPARAISO, IN				
Lake County 2293 North	f Lake County, Ind y Government Cento Main Street t, Indiana 46307	diana er	Indiana Departm 311 W. Washingt Suite 300 Indianapolis, I		
Street, Ga	ry, IN 46402, in charges for hospi	tends to hold a	Hospital Lien ent or maintena	TALS, INC., 600 Grame for all reasonable and an ance of the above liste	~ ~1
above hospi $(\$ 1,57)$ 3. legal representations	To the best of the sentative claims for damages aris	hospital onfe or hospital care, NE THOUSAND FIVE llars. ne Hospital's kno that the follow	bruary 19 , 2 etreatment yor m HUNDRED SEVENTY wledge, the pat	004 .	_
33-4 in tr located, w discharged instrument, hereby stat	the Office of the vithin one hundred from the Hospital having been dulities that the Hospithat the facts a	e Recorder of to the ed and eighty ital. The und ly sworn upon or pital intends to not matters set	he County in (180) days a dersigned individually the hold the Hosp	which the Hospital ifter the patient way idual executing thi penalties of perjury ital Lien as describe oregoing statement ar	.s .s
STATE OF IN) ss:	(1) BY:	Darbura (BARBARA A. DOVE	a Drue	
iospitais,	RBARA A. DOVE Inc., being duly re true and corre	sworn upon oath	ent Representat 1, says that th	ive for The Methodis e facts stated in th	t e
y Commission	ribed and sworn to , 2004. on Expires: 24.2011 ment Prepared By:	before me, a No A Resid	u(h S Ic dent of Sa	Notary Public County	ًا.
		8700 Broadway, N	Merrillville. TN	J 46410	