

2004 037556

355033614

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Brenda M. Dillard			
Patient:	Brenda M. Dillard 4461 Lincoln St.	Attorne	у :	
	Gary, IN 46408			
Lake Count 2293 North	f Lake County, Indi y Government Center Main Street t, Indiana 46307	r 31 Su	ndiana Department o 11 W. Washington S ^a uite 300 ndianapolis, Indian	treet
Street, Ganecessary	ary, IN 46402, inte	ends to hold a H al care, treatmen	ospital Lien for t or maintenance (, INC., 600 Grant all reasonable and of the above listed
1. and was di 2.	The patient was ac scharged from the h The amount due for	nospital on Apr:	il 06 , 2004	•
	italization is Six .00 Dollar	K Hundred Three as	nd 00/100	
3. legal repr	To the best of the esentative claims for damages arisi	e Hospital's knowi that the followin	g named individua	or the patient's als and/or entities injury causing the
33-4 in t located, discharged instrument hereby sta	the Office of the within one hundre from the Hospi having been dulates that the Hospi that the facts are	Recorder of the ed and eighty tal. The under y sworn upon oat ital intends to	e County in whic (180) days after rsigned individua h, under the pen hold the Hospital	w, I.C. Section 32- h the Hospital is the patient was al executing this alties of perjury, Lien as described oing statement are
		THE MET	HODIST HOSPITALS,	INC.
STATE OF I) ss:	(1) BY:	Margaret Coope	Cooper
Hospitals,	garet Cooper Inc., being duly are true and correc	sworn upon oath,	nt Representative says that the f	for The Methodist acts stated in the
		(2) <i>777</i>	agaul Co Margaret Coope	exer
April	cribed and sworn to	before me, a Not	ary Public, this _	2157 day of
My Commiss	ion Expires:		heri Jopen ent of Jake	Notary Public
<u>March</u> This Instr	24,2011 ument Prepared By:	Clyde D. Compton,	_	11515
			Official Seal SHERI LOPEZ Resident of Lake My commission a	

