ACCOUNT: 355027186

SLASS OF INDIANA LAKE COUNTY FILED FOR DECORD

2004 037559

Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	LESLIE ROBINSON LESLIE ROBINSON 2034 PENNSYLVANIA ST GARY, IN 46407	Attorney:	LIEN
Lake Count 2293 North	of Lake County, Indiana By Government Center Main Street Mat, Indiana 46307	Indiana Department of In 311 W. Washington Street Suite 300 Indianapolis, Indiana 46	
Street, Ga	ary, 1N 46402, intends to charges for hospital care	at THE METHODIST HOSPITALS, INC o hold a Hospital Lien for all e, treatment or maintenance of th CUMENT IS	roagonable and
(\$ $\frac{7.4}{3}$. legal repr	The amount due for hospitalization is SEVEN THO 38.00) Dollars. To the best of the Hospitesentative claims that the for damages arising from	to the hospital on March 30, al on March 30, 2004. tal care, treatment or maintenance outsand Four HUNDRED THIRTY EIGHT A tal's knowledge, the patient or the following named individuals a muther patient's illness or injuring	te during the NND 00/10 he patient's
33-4 in t located, discharged instrument hereby sta	the Office of the Record within one hundred and from the Hospital. , having been duly sworn tes that the Hospital in that the facts and matt	uant to the Hospital Lien Law, I.der of the County in which the eighty (180) days after the The undersigned individual emugan upon oath, under the penaltientends to hold the Hospital Liencers set forth in the foregoing	e Hospital is patient was xecuting this s of perjury,
STATE OF I	NDIANA)	THE METHODIST HOSPITALS, INC. BY BARBARA A. DOVE	Sone
COUNTY OF 1) ss:	BARBARA A. DOVE	
Hospitals,	ARABARA A. DOVE , bei Inc., being duly sworn are true and correct.		The Methodist stated in the
My Commissi	, 2004. ion Expires:	BARBARA A. DOVE The me, a Notary Public, this 2/5 A Resident of No D. Compton, Attorney at Law	tary Public
	8700 B.	roadway, Merrillville, IN 46410	(m 1515)