LAKE COUNTY FILED FOR RECORD

ACCOUNT: 637131343

TO:

Patient:

2004 042096

2004 MAY 20 PH 1: 19

CHARLES SATISFIELD

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8016 HEMLOCK AVENUE

Return To: Hodges & Davis, MQRAS AND STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

GARY, IN 46403	
Recorder of Lake County, India Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
Street, Gary, IN 46402, internecessary charges for hospital patient as follows:	d that THE METHODIST HOSPITALS, INC., 600 Grant and to hold a Hospital Lien for all reasonable and care, treatment or maintenance of the above listed Document 15
and was discharged from the house 2. The amount due for above hospitalization is ONE (\$ 1,386.13) Dolla 3. To the best of the legal representative claims to	nitted to the hospital on November 25 , 2003 ospital on December 24 , 2003 hospital care, treatment or maintenance during the THOUSAND THREE HUNDRED EIGHTY SIX AND 13/100 ars. Hospital's knowledge, the patient or the patient's hat the following named individuals and/or entities ag from the patient's illness or injury causing the
33-4 in the Office of the located, within one hundred discharged from the Hospit instrument, having been duly hereby states that the Hospi	Recorder of the County in which the Hospital is d and eighty (180) days after the patient was al. The undersigned individual executing this sworn upon oath, under the penalties of perjury, tal intends to hold the Hospital Lien as described d matters set forth in the foregoing statement are
STATE OF INDIANA)	(1) BY: Darley O. Sove
COUNTY OF LAKE)	
I, BARBARA A. DOVE , Hospitals, Inc., being duly foregoing are true and correc	being a <u>Patient Representative</u> for The Methodist sworn upon oath, says that the facts stated in the t. (2) <u>Darbara A. DOVE</u>
Subscribed and sworn to 2004. My Commission Expires:	before me, a Notary Public, this 4m day of Survey Notary Public Notary Public
Much 2H, 2011 This Instrument Prepared By:	A Resident of County Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410
	Official Seal JESSICA TORRES Resident of Lake County, IN My commission expires March 24, 2011