2004 044612

Official Seal
JESSICA TORRES
Resident of Lake County, IN
My commission expires
March 24, 2011

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

TO: Patient:	Joseph Durden Joseph Durden 635 Mckinley St Gary, IN 46404	_ Attorney:	N/A	
Lake Count 2293 North	of Lake County, Indian Ty Government Center I Main Street It, Indiana 46307	311 Suit	ana Department of In W. Washington Street e 300 anapolis, Indiana 46	
You Street, Ga necessary patient as		care, treatment Document	or maintenance of the	reasonable and e above listed
(\$ <u>1,2</u> 3.	The patient was admisscharged from the hose The amount due for hitalization is One To the best of the H	ospital on May 04 ospital care, tre	atment or maintenance ed Fifteeen and 00/1	e during the
legal repr are liable hospital s	To the best of the H esentative claims that for damages arising tay:			
located, discharged instrument, hereby sta	Lien is being filed phe Office of the Rewithin one hundred from the Hospital having been duly stes that the Hospitathat the facts and parrect.	and eighty (180 The undersi	county in which the one of the gned individual exunder the penalties	Hospital is patient was ecuting this of perjury,
		THE METHODI	ST HOSPITALS, INC.	
STATE OF IN	JDIANA)	(1) BY: SYLVIA	TOLLIVER	
COUNTY OF L) ss: AKE)			
	YLVIA TOLLIVER , Inc., being duly swo re true and correct.	being a <u>Patient</u> orn upon oath, sa	Representative for Tys that the facts s	The Methodist tated in the
Subscr	ribed and sworn to bef, 2004.	SVINTA TOLL	IVER Public, this 19th	day of
My Commission	on Expires:	A Resident		ary Public County
This Instrum	nent Prepared By: Clyo 870		corney at Law	1156°
	3,0	Januay, Merri	∨e, IN 46410	146 02

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