SAME OF INDIANA LAKE COUNTY FILED FOR RECORD

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2004 JUN 18 AM 8: 50

MORRIS DE RETER

Return To:

Hodges & Davis, P.C.

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Ann M. Ga				
Patient:	Ann M. Ga	za	Attorney:		
	PO Box 11				
	Merrillvi	lle, IN 46411			
		nty, Indiana	Indiana	a Department of Insur	ance
Lake Count	y Governme	nt Center	311 W.	Washington Street	
2293 North			Suite 3		
Crown Poin	t, Indiana	46307	Indiana	apolis, Indiana 46204	
You	are hereb	v notified th		ST HOSPITALS, INC.,	
Street, Ga	rv. IN 46	402. intends t	o hold a Hospit	al Lien for all reas	600 Grant
necessary	charges fo	r hospital car	re, treatment or	maintenance of the al	sonable and
patient as	follows:	D	cument is	maintenance of the a	bove listed
1.	The patier	nt was admitte	d to the hospita	l on May 10 , 2004	
and was di	scharged fi	rom the hospit	alon May 10	2004	
2.	The amount	due for hosp	itant care treatr	ment or maintenance d	uring the
above hosp:	italizatio	n is Six Hund	red Twenty Four	and 00/100	aring the
(\$ 624	.00	_) Dollars.		22.00 007 100	
3.	To the bes	t of the Hosp	ital's knowledge,	the patient or the	natient's
legal repre	esentative	claims that t	he following nam	ed individuals and/	or entition
are liable	for damag	es arising from	om the patient's	s illness or injury of	causing the
hospital st	tay:				sausing che
This	Lien is be	ing filed purs	suant to the Hosp	ita <mark>l Lien L</mark> aw, I.C. S	Section 32-
33-4 in t.	ne Office	of the Recor	der of the Cou	inty in which the H	osnital is
located, v	vithin lone	e hundred and	d = eighty (180)	days after the no	stiont
discharged	from the	e Hospital.	The undersign	ed individual execu	iting this
instrument,	, having b	een duly swor	n upon oath, ur	nder the penalties o	f periury
nereby sta	tes that t	he Hospital i	ntends to hold	the Hospital Lien as	described
above and	that the	facts and mat	ters set forth	in the foregoing sta	tement are
true and co	orrect.		WOIAN ALLIE		
			THE METHODIS	HOSPITALS, INC.	
		/1	1 PV. 221.	1 (1	
STATE OF IN	IDTANA	, ,) BY: <u>2//ccc</u> Me	gail caper	
011111111111111111111111111111111111111) ss:	1416	argaret Cooper	
COUNTY OF I	LAKE)			
		,			
Mar	garet Coop	er , be:	ing a Patient Re	presentative for The	Methodist
Hospitals,	Inc., bei	ng duly sworn	upon oath, says	that the facts sta	ted in the
foregoing a	are true an	d correct.	, , , , , , , , , , , , , , , , , , , ,		ced in the
			- 1	,	
		(2) 27/acga	irgaret Cooper	
			J Ma	rgaret Cooper ,	
∧ Subsc:	ribed and :	sworn to befor	e me, a Notary Pi	ublic, this 10% d	ay of
- June	, 2004.		Slaar	\mathcal{L}	_
U			_ Sheri	NO PLY	
My Commissi	on Expires	:		, p , Notar	y Public
Manh	24,201	1	A Resident of	Jake Cor	inty af
This	2117011	_ 1			169
This Instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410					
		8700 I	Broadway, Merrill	ville, IN 46410	Un a
			- sia	045-10	1,5
			•	Official Seal SHERI LOPEZ	ر کل
				(,) ^o) Resident of Lake County, IN	_[
				My commission expires March 24, 2011	