SIGHT OF MOMENTA LAKE COUNTY FILED FOR RECORD

ACCOUNT: 637963081082896

2004 SEP 24 PH 3: 11

Return To:

Hodges & Davis, P.C.
8700 Broadway, Merrillville, IN 46410
F INTENTION TO HOLD HOSPITAL LIEN

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN			
TO: Patient:	MEGAN KUCSERA  MEGAN KUCSERA  7455 82ND COURT  CROWN POINT, IN 46307	Attorney:	
Recorder of Lake County, Indiana Indiana Department of Insurance Lake County Government Center 311 W. Washington Street 2293 North Main Street Suite 300 Crown Point, Indiana 46307 Indianapolis, Indiana 46204			
You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows:			
1.		the hospital on July 09 , 2004	
and was discharged from the hospital onJuly 09 , 2004 .  2. The amount due for hospital care, treatment or maintenance during the			
above hospitalization is ONE THOUSAND FOURTEEN AND 00/100  (\$ 1,014.00 ) Dollars.  3. To the best of the Hospital's knowledge, the patient or the patient's			
legal representative claims that the following named individuals and/or entities			
are liable for damages arising from the patient's illness or injury causing the hospital stay:			
повртсат	stay:		
33-4 in located, discharge instrument hereby st	the Office of the Recorder within one hundred and of the Hospital. It, having been duly sworn tates that the Hospital interest that the facts and matter	to the Hospital Lien Law, I.C. Section 32- c of the County in which the Hospital is eighty (180) days after the patient was the undersigned individual executing this upon oath, under the penalties of perjury, ends to hold the Hospital Lien as described as set forth in the foregoing statement are  THE METHODIST HOSPITALS, INC.	
	(1)	BY: Darbaro U. Nove	
STATE OF	INDIANA ) ) ss:	BARBARA A. DOVE	
COUNTY OF	•		
I, BARBARA A. DOVE , being a <u>Patient Representative</u> for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.			
	(2)	Parleara U. Done	
A Suba	caribed and eworn to before m	BARBARA A. DOVE	
Subscribed and sworn to before me, a Notary Public, this $\frac{900}{1000}$ day of			
My Commiss	sion Evnires.	Notary Public	
_	sion Expires:	A Resident of County	
This Instrument Prepared By: Clyde D. Compton, Attorney at Law			
Inis inst		Compton, Attorney at Law adway, Merrillville, IN 46410 W 9	
		Official Seal JESSICA TORRES Resident of Lake County, IN	

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

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