CARLE OF INDIANA LAME COUNTY FILED FOR RECORD

2004 097513

Acct 355147851

TO:

Lucille Gamble

2534M0717 7219(2) MORREY HISTORIAN HILD

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

Patient:	Lucille Gamble	Attorney:	
	323 Arthur St.		_
	Gary, IN 46404		
Lake Count 2293 North	of Lake County, Indiana Ty Government Center Main Street Mat, Indiana 46307	311 W. W Suite 30	Department of Insurance Washington Street DO polis, Indiana 46204
Street, Ga	ary, IN 46402, intends charges for hospital	s to hold a Hospita	T HOSPITALS, INC., 600 Grant I Lien for all reasonable and maintenance of the above listed
above hosp (\$\frac{2,8}{3}\$. legal reprare liable hospital s This 33-4 in table located, discharged instrument	The amount due for horitalization is Two The state of the Horitan To the best of the Horitan that the for damages arising stay: Lien is being filed puthe Office of the Rewithin one hundred from the Hospital the Aving been duly see the control of the Rewithin one hundred the Hospital the Aving been duly see the Rewithin the Hospital the Rewithin the Rewithin the Hospital the Rewithin the Rewi	poital on August 02 ospital care, treatmenous and Eight Hundred S. ospital's knowledge, the following name from the patient's corder of the Courand eighty (180). The undersigned worn upon oath, undersigned of the courant of the courant to the Hospital Courant to the Hos	entyon maintenance during the
	that the facts and r	natters set forth i	n the foregoing statement are HOSPITALS, INC.
STATE OF I) ss:	(1) BY:	ngue Dukuch. Anglie Djuklich
Hospitals,			that the facts stated in the
Novembe	cribed and sworn to be , 2004. ion Expires:	fore me, a Notary Pu Sheri A Resident of	Notary Public
MMUh á This Instr	24,2011 ument Prepared By: Cly 870		rney at Law ville, IN 46410 \mathcal{A}_{q}
			Official Seal SHERI LOPEZ Resident of Lake County, IN