

2005 003784

ACCOUNT: 654117431

2005 JAN 19 PH 1:59

MICHAEL & THOUSE, RECCAST

Return To:	Hodges & Davis, P.C.
SWORN STATEMENT & NOTICE	8700 Broadway, Merrillville, IN 46410 FOR INTENTION TO HOLD HOSPITAL LIEN
TO: LYDIA RANDOLPH	TOOLING HIER
Patient: LYDIA RANDOLPH	Attorney:
6256 WINDSOR DRIVE	
INDIANAPOLIS, IN 46219	
Recorder of Lake County, Indiana	Todica
dake County Government Center	Indiana Department of Insurance
2293 North Main Street	311 W. Washington Street Suite 300
Crown Point, Indiana 46307	Indianapolis, Indiana 46204
You are hereby notified the	
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
pacient as follows:	Of the above listed
1. The patient was admitted	nent is the property of to the hospital on December 17 2004
and was discharged from the hospita 2. The amount due for hospita	on December 18 2004
above hospitalization due for hospit	tal care, treatment or maintenance during the
(\$ 1.052.00 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
3. To the hest of the Harris	tal's knowledge, the patient or the patient's
are liable for I	e following named individuals and/or entities
hospital stay:	e following named individuals and/or entities the patient's illness or injury causing the
1011	3 7 June 1119 Cite
discharged from the Hospital. instrument, having been duly sworn hereby states that the Hospital	ant to the Hospital Lien Law, I.C. Section 32- er 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, cends to hold the Hospital Lien as described rs set forth in the foregoing statement are
	THE METHODIST HOSPITALS, INC.
STATE OF INDIANA	BY: Darliara a. Done
COUNTY OF TRAIN	BARBARA A.DOVE
COUNTY OF LAKE	
I, BARBARA A. DOVE, being a Hospitals, Inc., being duly sworn up foregoing are true and correct.	Patient Representative for The Methodist pon oath, says that the facts stated in the
	\mathcal{C}
(2)	- Sallara U. None
Subscribed and sworn to before m	BARBARA A. DOVE ne, a Notary Public, this day of
My Commission Expires:	Justica & Jorres
This Instrument Prepared Pur Ci	A Resident of County
This Instrument Prepared By: Clyde D. 8700 Broa	Compton, Attorney at Law adway, Merrillville, IN 46410

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

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