* ACCOUNT: 654037795

LAME COUNTY FILED FOR RECORD

2005 004564

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Return To:

Hodges & Davis, P.C.

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

(SEAL)

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	DEDNADINE	MODELIAL LIEN
Patient:	BERNADINE HILL BERNADINE HILL 4120 W 10TH AVE GARY, IN 46404	Attorney:
2293 North	of Lake County, Indiana ty Government Center n Main Street nt, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
You Street, Ga necessary patient as	follows:	that THE METHODIST HOSPITALS, INC., 600 Grant to hold a Hospital Lien for all reasonable and are, treatment or maintenance of the above listed
(\$ 3,7	scharged from the hospi The amount due for hos italization is THREE T 36.00 Dollars. To the best of the Hospi	ed to the hospital on September 14, 2004 tal on September 14, 2004 pital care, treatment or maintenance during the
This : 33-4 in the located, we discharged instrument, hereby state	Lien is being filed pur ne Office of the Reco within one hundred ar from the Hospital. having been duly swo	resuant to the Hospital Lien Law, I.C. Section 32- order of the County in which the Hospital is ad eighty (180) days after the patient was The undersigned individual executing this rn upon oath, under the penalties of perjury, intends to hold the Hospital Lien as described ters set forth in the foregoing statement are
STATE OF INI	OIANA)	BARBARA A. DOVE
I, <u>BAR</u> Hospitals, I foregoing ar	RBARA A. DOVE, being Inc., being duly sworn to true and correct.	a <u>Patient Representative</u> for The Methodist upon oath, says that the facts stated in the
	<u> </u>	BARBARA A. DOVE me, a Notary Public, this 13th day of
My Commission This Instrume	24, 2011 ent Prepared By: Clyde	A Resident of Are Notary Public County Of County Of Attorney at Law
	8700 B	roadway, Merrillville N 46440Seal JESSICA TORRES Resident of Lake County, IN