

2005 004575

2005 JAN 21 PN 3-04

Return To:

Hodges & Davi

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	ANTHONY ANDERSON	
Patient:	ANTHONY ANDERSON	Attorney:
	1172 POLK STREET	
	GARY, IN 46402	
	Lake County, Indiana	Indiana Department of Insurance
_	Government Center	311 W. Washington Street
	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 patient was admitted	to the hospital on AUGUST 04 , 2004
and was discharged from the hospital on AUGUST 04 , 2004 .		
2. The amount due for hospital care, treatment or maintenance during the		
above hospitalization is ONE THOUSAND ONE HUNDRED EIGHTY ONE 00/100 (\$ 1,181.00) 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:		
This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-		
33-4 in the Office of the Recorder of the County in which the Hospital is		
located, within one hundred and eighty (180) days after the patient was		
discharged from the Hospital. The undersigned individual executing this instrument, having been duly sworn upon oath, under the penalties of perjury,		
hereby states that the Hospital intends to hold the Hospital Lien as described		
above and that the facts and matters set forth in the foregoing statement are		
true and correct.		
THE METHODIST HOSPITALS, INC.		
		SEAL STATE OF THE SEAL STATE O
C		BY: BY:
STATE OF IN		CHEVELLE SMITH
COUNTY OF L	AKE)	
I, CHEVELLE SMITH, being a Patient Representative for The Methodist		
Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the		
foregoing are true and correct.		
	(0)	
	(2)	CHINET I B. CMITTH
Subscribed and sworn to before me, a Notary Public, this day of		
	J , 2005.	me, a Notary Public, this $4'$ day of
Tensico F. Ind has		
My Commissi	on Expires:	Notary Public
i hoart i	00	A Resident of County
41 WCh 24, 2011		
This Instrument Prepared By: Clyde D. Compton, Attorney at Law		

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

8700 Broadway, Merrillville, IN 46410

OK 12087