ALBERT BARBER

TO:

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2065 JUN - 1 PH 1: 14

8700 Broadway, Metrillville. IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	ALBERT BARBER	Attorney:
	749 VAN BUREN STREET	
	GARY, IN 46407	
Recorder of	Lake County, Indiana	Indiana Department of Insurance
	Government Center	311 W. Washington Street
2293 North Main Street		Suite 300
Crown Point, Indiana 46307		Indianapolis, Indiana 46204
Street, Gar	y, IN 46402, intends t harges for hospital car	nat THE METHODIST HOSPITALS, INC., 600 Grant to hold a Hospital Lien for all reasonable and se, treatment or maintenance of the above listed
1. 5	The nationt was admitte	d to the hospital on NOVEMBER 1 , 2004
and was disk	charged from the hospit	al on APRIL 29 , 2005
2.	The amount due for hosp	ital care, treatment or maintenance during the
above hosp:	italization is ISEVEN	THOUSAND TWO HUNDRED FIFTY ONE 00/100
(\$ 7,251.00		CHICAL TITLE ON TOO
		ital's knowledge, the patient or the patient's
legal repres	sentative claims that t	the following named individuals and/or entities
are liable for damages arising from the patient's illness or injury causing the		
hospital sta	ay:	
mi ' -		
		suant 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		
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.
		JEAL 100 A TOTAL T
		1) BY: Melisse White
STATE OF IN	DIANA)	MELISSA WHITE
) ss:	
COUNTY OF LA	AKE)	
T MFT.	ISSA WHITE being	a Patient Representative for The Methodist
		a <u>Patient Representative</u> for The Methodist upon oath, says that the facts stated in the
	re true and correct.	apon outing bays that the facts stated in the
<i>y y</i>		1001
	(2	2) Y Valiasa White
		MELISSA WHITE
Subscr	ibed and sworn to befor	re me, a Notary Public, this day of
May , 2005.		
)		Jessica & Verres
My Commissio	on Expires:	Notary Public
MANDE	DA 2611	Alkesident of <u>Jakl</u> County
This Instrument Prepared By: Clyde D. Compton, Attorney at Law		
TITO THOUTU		Broadway, Merrillville, IN 46410
	3700	broadmay, merririvitie, in 40410

Ch 2369 Official Seal

JESSICA TORRES

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

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