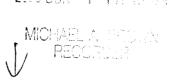
CHATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2005 044697

2005 JUNI - 1 PM 8: 04

654194117



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

Patient:	Pernell Cezar		
Patient:	Pernell Cezar	Attorney:	
	871 Floyd Street Gary, IN 46408		
	Gary, IN 46406		
Recorder o	of Lake County, Ind	iana Indiana	Department of Insurance
	cy Government Cente		Washington Street
	n Main Street	Suite 3	
	nt, Indiana 46307		polis, Indiana 46204
			,
Street, Ganecessary patient as	ary, IN 46402, int charges for hospit s follows:	ends to hold a Hospital care, treatment or the local care.	
1.		dmitted to the hospital	
2.	The amount due fo	hospital on <u>March 14</u> r hospital care, treatme Thousand Seventy Seve	ent or maintenance during the
)77.00) Dol		
3. legal repr	To the best of the resentative claims arise	e Hospital's knowledge, that the following nam	the patient or the patient's ed individuals and/or entities illness or injury causing the
33-4 in solution in the structure of the	the Office of the within one hundred from the Hospit, having been durates that the Hospithat the facts a	e Recorder of the Coured and eighty (180) ital. The undersign ly sworn upon oath, urbital intends to hold	ital Lien Law, I.C. Section 32- nty in which the Hospital is days after the patient was ed individual executing this nder the penalties of perjury, the Hospital Lien as described in the foregoing statement are
		THE METHODIS	r HOSPITALS, INC.
STATE OF 1) ss:	(1) BY: <u>277au</u> Margar	t Cooper
COOMII OI	,		
Hospitals,		sworn upon oath, says	epresentative for The Methodist s that the facts stated in the
		(2) <i>Margare</i>	t Cooper
Subs	cribed and sworn to		ublic, this 9 day of
	, 2005.		
		Dan 4	DOENT
My Commiss	sion Expires:	-	Notary Public County
	⇒ 5√ 5 €	A Resident of	f Since County
	ゔ. みチ. 08 rument Prepared By:	Clyde D. Compton, Atto 8700 Broadway, Merril	orney at Law
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