STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2005 046695

2005 JUH - 7 PM 1: 13

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MICHAEL A. EPOVAR RECORDER

Latanza L. Adkins

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

Patient:	Latanza L. Adkins 1929 Chase Street Gary, IN 46404	Attorney:		
Lake Count 2293 North	of Lake County, Indian by Government Center n Main Street nt, Indiana 46307	311 W Suite	na Department of Ins . Washington Street 300 napolis, Indiana 462	
necessary patient as		s to hold a Hosp: care, treatment of Document i	ital Lien for all r r maintenance of the	easonable and above listed
2. above hosp (\$\frac{1}{4}\) 3. legal repr	The patient was admit scharged from the hosp the amount due for he pitalization is One The 139.00) Dollars To the best of the Hosp tesentative claims that a for damages arising stay:	pital on <u>Februar</u> Dispital care, treathous four Hundres. Dispital's knowledges to the following reserved.	tment or maintenance ed Thirty Nine and C	e during the
located, discharged instrument hereby sta	Lien is being filed pothe Office of the Rewithin one hundred from the Hospital, having been duly sates that the Hospital that the facts and rorrect.	and eighty (180 the Coand eighty (180 The undersigned worn upon oath, lintends to hold matters set forth	ounty in which the days after the gned individual exunder the penalties the Hospital Lien in the foregoing s	Hospital is patient was ecuting this of perjury, as described statement are
STATE OF I) ss:	(1) BY: Margag	gant Cuper et Cooper	,
mooprears,	aret Cooper , Inc., being duly swo are true and correct.	being a <u>Patient B</u> rn upon oath, say	Representative for T ys that the facts s	he Methodist tated in the
Subsc — May	ribed and sworn to bef	fore me, a Notary		day of
March 24,	ion Expires: 2008	A Resident (of <u>Lake</u>	ary Public County
This Instru	mment Prepared By: Clyo 870	de D. Compton, Att O Broadway, Merril	orney at Law Llville, IN 46410	_ QO

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