STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

355395971

2005 046704

2005 JUN - 1 PM 1: 14

Return To:

Hodges & Pavis, P.C. 8700 Broadway, Merrillville, IN 46410

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

(SEAL)

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Victor M. Arteaga Victor M. Arteaga 3527 Minnesota Str Lake Station, IN 4	Attor	ney:	
Lake Count 2293 North	of Lake County, Ind ty Government Cente n Main Street nt, Indiana 46307		Indiana Department 311 W. Washington Suite 300 Indianapolis, Indi	Street
Street, Garage necessary	ary, IN 46402, int charges for hospit	ends to hold a	Hospital Lien fo	CS, INC., 600 Grant rall reasonable and e of the above listed
2. above hosp	scharged from the	hospital on Apr: r hospital care, o thousand nine	treatment or main	ntenance during the
3. legal repr	To the best of the resentative claims arise	e Hospital's kno that the follow	ing named individ	nt or the patient's duals and/or entities or injury causing the
33-4 in t located, discharged instrument hereby sta	the Office of the within one hundred from the Hospita, having been dulates that the Hospitals at	Recorder of to the ded and eighty tal. The unity sworn upon o ital intends to	the County in who (180) days after dersigned individually ath, under the per- hold the Hospita	daw, I.C. Section 32- ich the Hospital is er the patient was dual executing this enalties of perjury, al Lien as described egoing statement are
		THE ME	ETHODIST HOSPITALS	, INC.
STATE OF I	) ss:	(1) BY:	Alycia Smith	<del>K</del>
Alyo	cia Smith , being g duly sworn upon	a <u>Patient Repre</u> oath, says that	sentative for The the facts stated	Methodist Hospitals, in the foregoing are
		(2) <b>L</b>	yera Smith Alycia Smith	
nay	cribed and sworn to, 2005. ion Expires:	before me, a No	Alycia Smith otary Public, this such How dent of Hall	1841 day of  Notary Public County
This Instr	ument Prepared By:	Clyde D. Compto 8700 Broadway,	n, Attorney at Law Merrillville, IN 4	