## STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

355293770

2005 046705

2005 JUN 17, PM 1: 14

Return To:

MICHAEL A SHOWN Hodgest & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

TO:	Christine		
Patient:	Christine		Attorney:
	1319 East Gary, IN	19 <sup>th</sup> Avenue	
	Cary, IN	10101	
Recorder	of Lake Co	unty, Indiana	Indiana Department of Insurance
Lake Count	ty Governme	ent Center	311 W. Washington Street
	h Main Str		Suite 300
Crown Poli	nt, Indiana	a 46307	Indianapolis, Indiana 46204
necessary	eary, IN 40 charges fos s follows:	5402, intends to hospital car	hat THE METHODIST HOSPITALS, INC., 600 Grant to hold a Hospital Lien for all reasonable and re, treatment or maintenance of the above listed <b>DCUMENT 1S</b>
1.	The patie	ent was admitte	d to the hospital on January 1st, 2005
and was di	ischarged i	from the hospit	tal on January 1 <sup>st</sup> , 2005
2.	The amour	nt due for hosp	ital care, treatment or maintenance during the
above nosp (\$ 701	Picalizatio	on is <u>Seven hu</u> <u>)</u> Dollars.	ndred one 00/100 der!
3.			ital's knowledge, the patient or the patient's
legal repr are liable hospital s	resentative e for dama	e claims that t	the following named individuals and/or entities om the patient's illness or injury causing the
located, discharged instrument hereby sta	within on the from the from the from the from the factor of the factor o	e of the Recorde hundred and he Hospital. been duly sworthe Hospital i	rder of the County in which deighty (180) days after the patient was The undersigned individual executing this rn upon oath, under the penalties of perjury, ntends to hold the Hospital Lien as described ters set forth in the foregoing statement are
			THE METHODIST HOSPITALS, INC.
STATE OF I	MINTANIA	(1	310000
DIALE OF I	NDIANA	) ) ss:	A ycia Smith
COUNTY OF	LAKE	)	V
Alycinc., being true and co	a aara awo	, being a <u>Pation</u> rn upon oath, s	ent Representative for The Methodist Hospitals, says that the facts stated in the foregoing are
		(2	
Subsc	ribed and	sworn to before	e me, a Notary Public, this 20th day of
nay	, 2005	-	Jessica & Forres
y Commissi	ion Expires	3 <b>:</b>	Notary Public
March	24. 2011		A Resident of County
his Instru	ıment Prepa	ared By: Clyde : 8700 R	D. Compton, Attorney at Law Broadway, Merrillville, IN 46410  Official Seal JESSICA TORRES
		3,00 D	(lk a)
			Official
			(SEAL) Resident of Lake County, IN
2075			My commission expires March 24, 2011

Official Seal JESSICA TORRES
Resident of Lake County, IN
My commission expires
March 24, 2011 (SEAL)

138075