OTATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2005 049396

Return To:

2005 JUN 15 MIRETY
Hodges & Davis, P.C.
8700MBroadway, Mernillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	ERIC J. WESLEY	_	
Patient:	ERIC J. WESLEY PO BOX 6012	Attorney:	
	HAMMOND, IN 46320		
Recorder of	f Lake County, Indiana	Indiana Department of Insurance	
Lake County Government Center 2293 North Main Street		311 W. Washington Street Suite 300	
	, Indiana 46307	Indianapolis, Indiana 46204	
Van			
You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows:			
2. above hosp (\$ 1,156.00	The amount due for hospitalization is ONE TO	tal care, treatment or maintenance during the HOUSAND ONE HUNDRED FIFTY SIX 00/100	
regar repre	for damages arising fro	tal's knowledge, the patient or the patient's he following named individuals and/or entities m the patient's illness or injury causing the	
located, w discharged instrument, hereby stat	ithin one hundred and from the Hospital. having been duly swores that the Hospital in that the facts and matteriect. DIANA) ss:	uant to the Hospital Lien Law, I.C. Section 32- der of the County in which the Hospital is leighty (180) days after the patient was The undersigned individual executing this n 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. BY: PATRICE TAYLOR	
Hospitals,	RICE TAYLOR , beir Inc., being duly sworn re true and correct.		
Subscribed and sworn to before me, a Notary Public, this day of May Commission Expires:			
March 2	74 2 N H	A Resident of Notary Public County	
8700 Broadway, Merrillville, IN 46410			
		O. Compton, Attorney at Law roadway, Merrillville, IN 46410 (M 9	
		yr q'	