STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2005 049406

335249702

2005 JUN 15 PK 12: 57



Return To:

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

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

| Patient:   | Gail Turner<br>Gail Turner<br>3631 Pennsylvania St.<br>Gary, IN 46407  | Attorney:   |  |  |
|--|--|---|--|--|
| Lake County<br>2293 North  | f Lake County, Indiana<br>y Government Center<br>Main Street<br>t, Indiana 46307   | 311 W.<br>Suite   | na Department of In<br>Washington Street<br>300<br>napolis, Indiana 46                             |  |
| Street, Gar  | are hereby notified to<br>ry, IN 46402, intends<br>charges for hospital car<br>follows:  | to hold a Hospi   | tal Lien for all :<br>maintenance of th  | reasonable and   |
| and was dis 2. above hospi (\$1995 3. legal repre are liable hospital st | To the best of the Hosp esentative claims that to for damages arising fray:  | tal on February 2 pital care, treat usand nine hundre pital's knowledge the following narrom the patient' | ment or maintenance of ninety five 00/1  e, the patient or to med individuals as illness or injury | he patient's nd/or entities ry causing the                         |
| 33-4 in th located, w discharged instrument, hereby stat                 | Lien is being filed pur<br>ne Office of the Reco<br>within one hundred an<br>from the Hospital.<br>having been duly swo<br>tes that the Hospital that the facts and mat<br>errect. | order of the Co<br>nd eighty (180)<br>The undersign<br>orn upon oath, u<br>intends to hold                | unty in which the days after the ned individual examples the penaltie the Hospital Lien            | e Hospital is patient was xecuting this s of perjury, as described |
|  |  | THE METHODIS  | HOSPITALS, INC.  |  |
| STATE OF IN  | DIANA ) ss:  | 1) BY: Sly(   | Malycia Smith  |  |
| Alyci<br>Inc., being<br>true and co                                      | ia Smith , being a <u>Pata</u> duly sworn upon oath,<br>crrect.  | ient Representations says that the fa   | <u>ive</u> for The Methodi<br>acts stated in the   | ist Hospitals,<br>foregoing are                                    |
| My Commission  My Commission   | nibed and sworn to befor, 2005.  on Expires:  24,20/1 ment Prepared By: Clyde  | A Resident o  | Sorres No  | day of  tary Public County  (M 123                                 |

