STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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MICHAEL A DROWN

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

TO:	FRANKLIN H. SUL	Abbaman
Patient:	FRANKLIN H. SUL 2700 ELKHART STREET	Attorney:
	LAKE STATION, IN 46405	
		- 11
	of Lake County, Indiana	Indiana Department of Insurance 311 W. Washington Street
Lake County Government Center 2293 North Main Street		Suite 300
Crown Point, Indiana 46307 Indianapolis, Indiana 46204		
You	are hereby notified that	THE METHODIST HOSPITALS, INC., 600 Grant hold a Hospital Lien for all reasonable and
Street, G	charges for hospital care.	treatment or maintenance of the above listed
patient as	s follows:	cument is
_	NOT	PERICIAL AND ASSESSED TO SEE THE PROPERTY OF THE PERIOD OF
1.	The patient was admitted t ischarged from the hospital	to the hospital on MARCH 15, 2005
and was d.	The amount due for hospital	I care, treatment or maintenance during the
	pitalization is FIVE HUNDRE	D TWENTY SEVEN 00/100
	7.00 ) Dollars.	
3.		l's knowledge, the patient or the patient's following named individuals and/or entities
are liable	e for damages arising from	the patient's illness or injury causing the
hospital :		
This	Lien is being filed pursua	nt to the Hospital Lien Law, I.C. Section 32-
33-4 in	the Office of the Recorde	r of the County in which the Hospital is
located,	within one hundred and	eighty (180) days after the patient was
discharged from the Hospital. The undersigned individual executing this instrument, having been duly sworn upon oath, under the penalties of perjury,		
hereby st	ates that the Hospital inte	ends to hold the Hospital Lien as described
above and	that the facts and matter	rs set forth in the foregoing statement are
true and	correct.	WOIANA THEFT
		THE METHODIST HOSPITALS, INC.
	(1)	BY: Illissa lagge
STATE OF		Melissa Vasquez
COUNTY OF	) SS: T.AKE	
COONII OI	)	
		g a <u>Patient Representative</u> for The Methodist
Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.		
Toregoring	are true and correct.	CAVILLAR VARANCE
	(2)	Millian Mary 8
Cuba	varibed and grown to before	Melissa Vasquez me, a Notary Public, this 200 day of
Qual	, 2005.	me, a Notary Public, this day or
Too.		Assica & Jorres
My Commis	sion Expires:	Notary Public
masar	24 204	A Resident of Jakl County
This Instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410		
		Official Seal JESSICA TORRES Resident of Lake County, IN
		My commission expires
		March 24, 2011