STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

Acct. # 355324708

138443

2005 052656

2005 UH 27 AM 10:58

MICHAEL A. BROWN RECORDER

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

(SEAL)

Return To:

Hodges & Davis, P.C.

MENUMBER
8700 Broadway, Merrillville, IN 46410

<u> </u>	SWORN STATEMENT & NOT	CE OF INTENTION TO HOLD HOSPITAL LIEN
TO: Patient:	Jacquanita L. Cook 1328 Benton Street Gary, IN 46403	Attorney:
Lake Count 2293 North	of Lake County, Indiana ty Government Center n Main Street nt, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
Street, G necessary	ary, IN 46402, intends charges for hospital cost follows:	that THE METHODIST HOSPITALS, INC., 600 Grant to hold a Hospital Lien for all reasonable and are, treatment or maintenance of the above listed
above hosp (\$ 674 3. legal rep	The amount due for hospitalization is Six Human 100	ted to the hospital on January 31 , 2005 ital on February 01 , 2005 spital care, treatment or maintenance during the ordered Seventy Four Dollars 00/100 spital's knowledge, the patient or the patient's the following named individuals and/or entities from the patient's illness or injury causing the
33-4 in located, discharged instrument hereby sta	the Office of the Rec within one hundred a d from the Hospital. t, having been duly sw ates that the Hospital that the facts and m	corder of the County in which the Hospital is and eighty (180) days after the patient was The undersigned individual executing this form upon oath, under the penalties of perjury, intends to hold the Hospital Lien as described atters set forth in the foregoing statement are
STATE OF 1	INDIANA)) ss:	THE METHODIST HOSPITALS, INC. (1) BY: CHEVELLE SMITH
Methodist	HEVELLE SMITH	(2)
May Commiss		A Resident of Law County Le D. Compton, Attorney at Law O Broadway Merrillyille IN 46410
	870	D Broadway, Merrillville, IN 46410