STATE LE SELFAVA LAIGE VOURTY FLED FOR KLOORI

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MICHALL A SPOAM RECORDER

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Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Sherman Bryant Sherman Bryant 2149 W. 11th Av	Atta	orney:		_
	Gary, IN 46406				-
2293 North Crown Poir	of Lake County, I by Government Cen n Main Street nt, Indiana 46307	ter	Suite 300 Indianapoli:	artment of Ins ington Street s, Indiana 462	04
You Street, Ga necessary patient as		ital care, treat	METHODIST HO a Hospital Li ment or maint	OSPITALS, INC ien for all r	., 600 Grant
		admitted to the	T 40 . "		
	italization is 1	Wo Thousand Thre	e, treatment of ee Hundred Eig	or maintenance ghty Seven and	00/100
legal repr	To the best of tesentative claims for damages arises:	the Hospital's kn that the follow sing from the p	owledge, the ving named i atient's illa	patient or the ndividuals and ness or injury	e patient's d/or entities causing the
located, w discharged instrument, hereby stat	Lien is being file of the Office of the vithin one hund from the Hosp having been duties that the facts arrect.	red and eighty ital. The unly sworn upon o	(180) days dersigned in bath, under t	after the after the ndividual exe	Hospital is patient was cuting this of periury.
		THE M	ETHODIST HOSP	ITALS, INC.	
STATE OF IN) ss:			t Croper	
Marga Hospitals, foregoing an	ret Cooper Inc., being duly se true and corre	_, being a <u>Pat</u> sworn upon oat ct.	ient Represen h, says that	ntative for Th the facts st	e Methodist ated in the
		(2)			
Subscr. August	ibed and sworn to	betote me, a No	Augaret Coope Stary Public,	this _/8	day of
My Commissio	n Expires:		aucy Ato	Pealt	
March 24,20	08	A Resi	dent of <u>Lake</u>	Nota:	ry Public County a ()
This Instrum	ent Prepared By:	Clyde D. Comptor 8700 Broadway, I	ı, Attorney at Merrillville,	t Law IN 46410	- County 90 ON 12590 ZP
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