DONALD MCCOY DONALD MCCOY

Patient:

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2006 008459

2006 FE8 ₩ PH 3:51

Return To:

Hodges & Davis, P.C.

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

8700 MCDAN NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

I a creiic.	4140 JEFFERSON ST.	
	GARY, IN. 46408	
Recorder o	of Lake County, Indiana	Indiana Department of Insurance
	y Government Center	311 W. Washington Street
	Main Street	Suite 300
	it, Indiana 46307	Indianapolis, Indiana 46204
Street, Ga	ary, IN $46\overline{4}02$, intends to hold charges for hospital care, tre	TE METHODIST HOSPITALS, INC., 600 Grant d a Hospital Lien for all reasonable and eatment or maintenance of the above listed
2.	scharged from the hospital on The amount due for hospital c	are, treatment or maintenance during the
		SEVEN HUNDRED EIGHTY-EIGHT DOLLARS 00/100
(\$ 3788.00	To the best of the Hespital's	is the property of knowledge, the patient or the patient's
legal repr	resentative claims that the fol	lowing named individuals and/or entities
are liable	e for damages arising from the	patient's illness or injury causing the
hospital s		
		T. G. Gartion 22
33-4 in t located, discharged instrument hereby sta	the Office of the Recorder of within one hundred and eight from the Hospital. The having been duly sworn upon that the Hospital intends that the facts and matters s	of the County in which the Hospital is hty (180) days after the patient was undersigned individual executing this en eath, under the penalties of perjury, so hold the Hospital Lien as described set forth in the foregoing statement are
	TH	E METHODIST HOSPITALS, INC.
	(20,0)	War I Sulla
	(1) BY	: Our Con
STATE OF I		TOWANDA WALLS
COUNTY OF) ss: LAKE)	÷
Hospitals,		Patient Representative for The Methodist oath, says that the facts stated in the
	(2)	TOWANDA WALLS (14
Subsc	cribed and sworn to before me. \mathcal{M}_{-} , 2006.	a Notary Public, this day of
My Commiss	Ion Expires:	Notary Public
March This Instr	24,2011 cument Prepared By: Clyde D. Co.	Resident of County mpton, Attorney at Law
ı	8700 Broadw	ay, Merrillville, IN 46410
		and the second s
		ABREATER 1788

142533

Prescribed by the State Board of Accounts (2005) County form 170

Declaration

Document is

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

This Document is the property of I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do herby affirm under the penalties of perjury:

- 1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
- 2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

Signature of Declarant

Printed Name of Declarant

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