2006 008931

STATE OF INDIAM LAKE COUNTY FILED FOR RECORD

2006 FEB - 3 PM 1: 12

MICHAEL A. BROWN RECORDER

Return To:

Hodges & Davis, P.C.

 $870\overset{-}{0}$ Broadway, Merrillville, IN 46410

Notary Public

County

JESSICA TORRES
Resident of Lake County, IN

My commission expires

Official Seal

Márch 24, 2011

ARY PUR

(seal)

2886

SWORN STATEMENT & NOTIC	E OF INTENTION TO HOLD HOSPITAL LIEN
TO: John J. Krise Patient: John J. Krise 430 S GRAND BLVD APT 201 GARY, IN 46403	Attorney:
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
Street, Gary, IN 46402, intends necessary charges for hospital carpatient as follows:	hat THE METHODIST HOSPITALS, INC., 600 Grant to hold a Hospital Lien for all reasonable and re, treatment or maintenance of the above listed
and was discharged from the hospital 2. The amount due for hospitalization is ONE HUND (\$ 114.417.50) DOLLARS.	red FOURTEEN THOUSAND FOUR HUNDRED SEVENTEEN 50/100
3. To the best of the Hosp	pital's knowledge, the patient or the patient's the following named individuals and/or entities com the patient's illness or injury causing the
33-4 in the Office of the Recolorated, within one hundred a discharged from the Hospital. instrument, having been duly sweeters that the Hospital	rsuant to the Hospital Lien Law, I.C. Section 32- order of the County in which the Hospital is nd eighty (180) days after the patient was The undersigned individual executing this orn upon oath, under the penalties of perjury, intends to hold the Hospital Lien as described atters set forth in the foregoing statement are
	THE METHODIST HOSPITALS, INC.
STATE OF INDIANA)) ss: COUNTY OF LAKE)	(1) BY: MELISSA M. VASQUEZ
I MELISSA VASQUEZ, be Hospitals, Inc., being duly swon foregoing are true and correct.	eing a <u>Patient Representative</u> for The Methodistrn upon oath, says that the facts stated in the
Subscribed and sworn to bef	(2) MELISSA VASQUEZ ore me, a Notary Public, this 5th ay of

A Resident of

This Instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410

142767

nuary, 2006.

parch 24, 2011

My Commission Expires:

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

Me lissa Vasque Printed Name of Declarant

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