142769

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 008932

2006 FEB - 3 PM 1: 12

MICHAEL A. BROWN RECORDER

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

Official Seal

≅(seal)

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	SARAH M MONZULLA SARAH M MONZULLA 2711 W LINCOLN HWY MERRILLVILLE, IN 46410	Attorney:		
Lake Count 2293 North	of Lake County, Indiana ty Government Center h Main Street nt, Indiana 46307	311 T Suite	ana Department of In W. Washington Street e 300 anapolis, Indiana 46	
Street, Gnecessary	are hereby notified ary, IN 46402, intends charges for hospital cost follows:	to hold a Hosp	oital Lien for all or maintenance of th	reasonable and
2. above hos		ted to the hospi ital on <u>SEPTEM</u> spital care, tre	tal on SEPTEMBER 19 BER 27,2005 atment or maintenance	ce during the
	To the best of the Horesentative claims that e for damages arising stay:	the following a	named individuals a	and/or entities
This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the Office of the Recorder 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 states that the Hospital intends to hold the Hospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct.				
		THE METHOL	DIST HOSPITALS, INC.	•
STATE OF	) ss:	(1) BY: MELIS	SAM. VASQUEZ	)
Hospitals	SSA VASQUEZ , k , Inc., being duly swo are true and correct.	peing a <u>Patient</u> ern upon oath, s	Representative for ays that the facts	The Methodist stated in the
Januar My Commis March	scribed and sworn to ber y, 2006. sion Expires: 24, 2011 rument Prepared By: Cly 870	A Resident	y Public, this <u>Q5</u> Warres  of Jake	th day of  Notary Public County  Mary Public

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

Me lissa Vasque Printed Name of Declarant

142769