STATE OF INDIAN LAKE COUNTY FILED FOR RECORD

## 2006 012828

2006 FEB 16 PM 1:46

MICHAEL A BROWN RECORDER

Return To:

Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410

Official Seal

SHERI LOPEZ
Resident of Lake County, IN
My commission expires
March 24, 2011

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN			
TO: Gerald Smit  Patient: Gerald Smit  5758 TANEY  MERRILLVILL	h Jr. Atto	rney:	
Recorder of Lake County Lake County Government 2293 North Main Street Crown Point, Indiana 4	Center 6307	Indiana Department of 311 W. Washington Stre Suite 300 Indianapolis, Indiana	46204
Street, Gary, IN 4640 necessary charges for patient as follows:	2, intends to hold hospital care, treat	METHODIST HOSPITALS, a Hospital Lien for al ment or maintenance of hospital on December 2	l reasonable and the above listed
and was discharged fro 2. The amount above hospitalization (S. 1.871.00	m the hospital on undue for hospital cardis ONE THOUSAND EIG	hospital on December 2 December 23 , 2005 e, treatment or mainten HT HUNDRED SEVENTY ONE nowledge, the patient o	ance during the 00/100
legal representative of are liable for damages hospital stay:	claims that the follogs arising from the	owing named individual patient's illness or in	s and/or entities njury causing the
33-4 in the Office located, within one discharged from the instrument, having be hereby states that the	of the Recorder of hundred and eight Hospital. The ten duly sworn upon the Hospital intends	the Hospital Lien Law, the County in which y (180) days after undersigned individual oath, under the penal to hold the Hospital I t forth in the foregoin	the Hospital is the patient was executing this ties of perjury, Lien as described
	THE	METHODIST HOSPITALS, I	NC.
STATE OF INDIANA	(1) BY: ) ) ss: )	PATRICE TAYLOR	ylok
PATRICE TAYLOR Hospitals, Inc., bein foregoing are true and	g duly sworn upon o	tient Representative foath, says that the fac	or The Methodist cts stated in the
	(2)	THICK THIS	
Hebruay, 2006.	worn to before me, a	Notary Public, this 1.	
My Commission Expires	: A R	esident of Lake	Notary Public County
March 24,2011 This Instrument Prepar	_ red By: Clyde D. Comp		- County 12912

142916

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

## Declaration

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).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby 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(s) in attached document.
- 2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

  the Lake County Recorder!

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

Signature of Declarant

Printed Name of Declarant

142916