#500017281

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2006 076334

2006 AUG 30 PH 1: 14

MICHAEL / LAOWN RECORDER

Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Kelsey Wilcox	
Patient:	Kelsey Wilcox	Attorney:
	14433 Campbell Rd. Lakewview, Oh 43331	
	Bakewview, Oli 43331	· · · · · · · · · · · · · · · · · · ·
	Lake County, Indiana	Indiana Department of Insurance
Lake County Government Center 311 W. Washington Street		
	Main Street , Indiana 46307	Suite 300
CIOWII IOIII	., Indiana 40307	Indianapolis, Indiana 46204
IN 46402,	intends to hold a Hospita	HE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, lien for all reasonable and necessary charges for ace of the above listed patient as follows:
1. and was dis	The patient was admitted scharged from the hospital	to the hospital on July 08, 2006 on July 09, 2006
2.	The amount due for hospit	al care, treatment or maintenance during the
above hospitalization is Five thousand eight hundred sixty two and 00/100 (\$ 5,862.00) Dollars.		
3.		ke County Recorder! Lal's knowledge, the patient or the patient's
legal repre	esentative claims that th	e following named individuals and/or entities are
liable for stay:	damages arising from the	patient's illness or injury causing the hospital
This	Lien is being filed pursua	ant 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
undersigned	i eighty (180) days after individual executing this	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.		
statement a	re true and correct.	INDER'S OF
		THE METHODIST HOSPITALS, INC.
		A Dia 11 00
CHAME OF TH		1) BY: Millen Gall
STATE OF IN	,) ss:	B.Dian Hall
COUNTY OF L		
	n Hall	, being a <u>Patient Representative</u> for The
Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.		
		00. 11.
	(2) Lillandall
A. Subsc.	ribed and sworn to before	me, a Notary Public, this 9th
Hugust	, 2006.	Official Seal
() My Commissio	on Expires:	SHERI LOPEZ Resident of Lake County, IN
		A Resident of County March 24, 2011
Narch o	19, 2011	
I affirm, u	under the penalties for pe	Muky, that I have taken reasonable and to
each social	security number in this	Jury, that I have taken reasonable care to redact cument, unless required by law.
	ment Prepared By:	$\langle a \rangle_{ij} / \langle a \rangle_{ij}$
inis instiu		O. Compton, Attorney at Law
	87 0 0 1	Broadway. Merrillwille IN 46410
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