2006 076345

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2006 AUS 30 PH 1: 15

MICHAEL A EROWN RECORDER

Acct 100040243

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

	SWORN STATEMENT & NOTIC	OF INTENTION TO HOLD HOSPITAL LIEN
TO: Patient:	William H. Gousinard William H. Cousinard 204 Taney St. Gary, IN 46404	Attorney:
Lake County Government Center 311 2293 North Main Street Sui		Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
IN 46402,	intends to hold a Hospital	METHODIST HOSPITALS, INC., 600 Grant Street, Gary, Lien for all reasonable and necessary charges for e of the above listed patient as follows:
2. above hosp (\$ 3,3	scharged from the hospital o The amount due for hospita italization is Three Thousa	l care, treatment or maintenance during the
3. legal repr liable for stay:	resentative claims that the	I's knowledge, the patient or the patient's following named individuals and/or entities are patient's illness or injury causing the hospital
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.		
STATE OF I	NDIANA)	THE METHODIST HOSPITALS, INC. BY: Angle Djulych
COUNTY OF	LAKE)	DIANAME
Angie Djukich , 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.		
	(2	mge grup wh
Hugust	cribed and sworn to before many 2006.	Sherry C Foust
- -	ion Expires:	Notary Public A Resident of Lake County
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this occupient, unless required by law.		
This Instr	- / 1	D. Compton, Attorney at Law roadway, Merrillville, IN 46410

Official Seal
SHERRY C. FOUST
Resident of Lake County, IN
My commission expres
October 13, 2013

UN 1334 Official Seal SEAL)

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