2007 042573

STATE OF INGLAMM LANE COUNTY FILED FOR PEOGNA

2007 MAY 24 AM 10: 38

MICHAEL A. AROWA RECORDER

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

TO:	CAROL DOMINIAK	
Patient:	CAROL DOMINIAK	Attorney:
	4520 WEST RIDGE RD LOT 1	15
	GARY, IN 46408	
Recorder c	of Lake County, India	na Indiana Department of Insurance
Lake County Government Center		311 W. Washington Street
2293 North	Main Street	Suite 300
Crown Poin	t, Indiana 46307	Indianapolis, Indiana 46204
10102,	are, treatment or ma:	that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, ospital Lien for all reasonable and necessary charges for ntenance of the above listed patient as follows:
	scharged from the hos	pital on APRIL 8, 2007
2.	The amount due for	hognital gara thest will
	TCGITZGCION IS THREE	hospital care, treatment or maintenance during the THOUSAND ONE HUNDRED FIFTY SIX 00/100
3.	to the pest of the	HOSpital's knowledge the patient on the lasticut.
legal repr	csentative Claims r	lar the following named indired-in-1-
110010 101	damages ari <mark>sing</mark> fr	om the patient's illness or injury causing the hospital
stay:		July July Che 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 an	d eighty (180) days	
arracr braile	a individual executin	Q FNIS instrument having been dula
TITO POLICE	rep or berliary, Here	DV Stares that the Woonital intends to 1 11 11
Lien as d	escribed above and	that the facts and matters set forth in the foregoing
statement a	are true and correct.	and matters set forth in the foregoing
		THE METHODIST HOSPITALS, INC.
		(1) BY: Sile Sense Vanores
STATE OF IN	JDIANA	
) ss:	MELISSA VASQUEZ
COUNTY OF I		
	,	
I MELTS	SSA VASQUEZ	hains a public of
		, being a <u>Patient Representative</u> for The Methodist
are true an	id correct	rn upon oath, says that the facts stated in the foregoing
	Ta dollace.	
		(2) Whelena, Vanance
1		MELISSA VASQUEZ
Subsc	ribed and sworn to be	afore me a Natala Duli ()
Wril	, 2007.	day of
		Mustom Para
My Commissi	on Expires:	Notary Public
Municipal 1	120 2001	A Resident of Notary Public County
Myusi	28,3014	county
0		
I affirm, ι	under the penalties	for perjury, that I have taken reasonable care to redact
eacn social	security number in t	this popular, unless required by law.
ınıs Instru	ment Prepared By:	Wylay Kh
		Clyde I. Compton, Attorney at Law
		8700 Proadway, Merrillville, IN 46410
		V

