## 2007 045146

2007 JUL-4 FM 2:07

Return To:

Hodges & Davis, P.C. 8700 Broadway Monni

	SWORN STATEMENT	& NOTICE OF INTENTION TO HOLD HOSPITAL LIEN
TO: Patient:	DARNELL E ROBINSON JE DARNELL E ROBINSON JE 1374 ELLSWORTH AVE GARY, IN 46404	<del></del>
2293 North Crown Poin	f Lake County, Indiana y Government Center Main Street t, Indiana 46307	311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
You IN 46402, hospital ca	are, treatment or maint	at THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, spital Lien for all reasonable and necessary charges for senance of the above listed patient as follows:
and was dis 2. above hospi (\$ 1,76	scharged from the hospi The amount due for ho talization is ONE THO	ted to the hospital on FEBRUARY 24, 2007  tal on FEBRUARY 24, 2007  espital care, treatment or maintenance during the DUSAND SEVEN HUNDRED SIXTY SEVEN 00/100
scay.	damages arising from	spital's knowledge, the patient or the patient's the following named individuals and/or entities are the patient's illness or injury causing the hospital
undersigned the penalti	individual executing	he County in which the Hospital is located, within one ter the patient was discharged from the Hospital. The this instrument, having been duly sworn upon oath, under states that the Hospital intends to hold the Hospital at the facts and matters set forth in the foregoing
STATE OF INC	) ss:	THE METHODIST HOSPITALS, INC.  (1) BY: MELISSA VASQUEZ  ON THE METHODIST HOSPITALS, INC.
I MELISS Hospitals, I are true and	A VASQUEZ nc., being duly sworn correct.	, being a <u>Patient Representative</u> for The Methodist upon oath, says that the facts stated in the foregoing
		melissa vasquez re me, a Notary Public, this 23 day of
My commission	78, 2014	A Resident of A County
I affirm, un each social s	der the penalties for ecurity number in this	perjury, that I have taken reasonable care to redact document, unless required by law.
INIS Instrume	nt Prepared By:	M 14003
	870	D Compton, Attorney at Law  D Broadway, Merrillville, IN 46410



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