2007 045147

2007 JTT-1 FIL 2: 07

MOLINI A. FIZA MEDINER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	ARMECA K MAHONE	Attorney:
Patient:	ARMECA K MAHONE 304 PIERCE STREET	
	GARY, IN 46402	
	GART / 11	Description of Insurance
Dogorder O	f Lake County, Indiana	Indiana Department of Insurance 311 W. Washington Street
Lake County Government Center		Suite 300
2293 North Main Street		Indianapolis, Indiana 46204
	- radiana 46307	
You IN 46402, hospital o	intends to noid a hospital	HE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, l Lien for all reasonable and necessary charges for nce of the above listed patient as follows:
		to the nospital on mater == ,
1. The patient was admitted to the hospital on APRIL 20, 2007 and was discharged from the hospital care, treatment or maintenance during the		
and was discharged from the hospital on APRIL 20, 2007 2. The amount due for hospital care, treatment or maintenance during the		
3. To the best of the Hospital's knowledge, the patient or the patient of the pat		
legal representative claims that the following named individuals and/or cherry legal representative claims that the following named individuals and/or cherry legal representative claims that the following named individuals and/or cherry legal representative claims that the following named individuals and/or cherry legal representative claims that the following named individuals and/or cherry legal representative claims that the following named individuals and/or cherry legal representative claims that the following named individuals and/or cherry legal representative claims that the following named individuals and/or cherry legal representative claims that the following named individuals and/or cherry legal representative claims that the following named individuals and/or cherry legal representative claims that the following named individuals and/or cherry legal representative claims that the following named individuals and or cherry legal representative claims are considered in the patient of th		
liable fo	or damages arising from from	OTTICIAL:
stay:	i i i i i i i i i i i i i i i i i i i	nant to the Hospital Lien Law, I.C. Section 32-33-4 in County in which the Hospital is located, within one The
Thi	is Lien is being line purp	County in which the Hospital is located, Within Ohe
This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33 in the United Section 32-33 in the United Section 32-33 in the United Section 32-33 in the Hospital Section		
alteriand individual executaria		
the nena	Ities of perjury, hereby s	tates that the Hospital intends to the foregoing
Tion as	described above and enac	tates that the Hospital Intends to Moral the foregoing the facts and matters set forth in the foregoing
statemen	t are true and correct.	
		THE METHODIST HOSPITALS, INC.
		THE MISTRODIES
		(1) BY: Wellson Cooling
_		MELISSA VASQUEZ
STATE OF	INDIANA)	
COUNTY C		
		, being a Patient Representative for The Methodist
T ME	ELISSA VASQUEZ	, being a Patient Representative in the foregoing
I MELISSA VASQUEZ , being a Patient Representative for the foregoing Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing		
are true and correct.		
		(2) Helessa Varience
		MELISSA VASQUEZ
q	ubscribed and sworn to befo	re me, a Notary Public, this day of
ma	, 2007.	Mouth m. Shirt
11 000		Nary Public
My Comm	ission Expires:	A Resident of County
(1110	11128 H14	19
ung	Man On John	r perjury that I have taken reasonable care to redact
T affi	rm, under the penalties fo	r return that I have taken reasonable out
each so	ocial security number in thi	s document, unless required by law.
	#	Man I M
This Ir	nstrument Prepared By: σ	lyde D. Compton, Attorney at Law
	8	700 Broadway, Merrillville, IN 46410

Official Seal ANNETTE M. PEREZ
Resident of Lake County, IN
My commission expires
August 28, 2014

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