STATE OF FAMILIES. LAUSE COUNTY

2007 045150

2007 J. T. - H. P. J. 24 07

Return To:

Amy L. Musick

Amy L. Musick

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

3710 Swift Street Hobart, IN 46342	
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges for nospital care, treatment or maintenance of the above listed patient as follows:	
above hospitalization is Six Hundred Ninety (\$ 696.00) Dollars. 3. To the best of the Hospital's knowlegal representative claims that the following from the patients of the Hospital's knowlegal representative claims that the following from the patients of the Hospital's knowlegal representative claims that the following from the patients of the Hospital's knowlegal representative claims that the following from the patients of the Hospital's knowlegal representative claims that the following from the patients of the Hospital's knowlegal representative claims that the following from the patients of the Hospital's knowlegal representative claims that the following from the patients of the Hospital's knowlegal representative claims that the following from the patients of the Hospital's knowlegal representative claims that the following from the patients of the Hospital's knowlegal representative claims that the following from the patients of the Hospital's knowlegal representative claims that the following from the patients of the Hospital's knowlegal representative claims that the following from the patients of the Hospital's knowlegal representative claims that the following from the patients of the Hospital's knowlegal representative claims from the following from the patients of the Hospital's knowlegal representative claims from the following from the foll	treatment or maintenance during the
the Office of the Recorder of the County in nundred and eighty (180) days after the pat undersigned individual executing this instru- the penalties of perjury, hereby states that Lien as described above and that the fac	n which the Hospital is located, within one
STATE OF INDIANA COUNTY OF LAKE (1) BY:	Joycelyn M. Smith
I Joycelyn M. Mith, being a Hospitals, Inc., being duly sworn upon oath, are true and correct.	Patient Representative for The Methodist says that the facts stated in the foregoing Joycelyn M. Smith
Subscribed and sworn to before me, a No. May, 2007. My Commission Expires: A F	
T affirm, under the penalties for perjury, each social security number in this document,	that I have taken reasonable care to redact unless required by law. On 14003 eton, Attorney at Law
Clyde D Comp	ton, Attorney at Law //- y, Merrillville, IN 46410

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

156949

TO:

Patient: