

2007 358 - 7 PH 1:47

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

TO:	JAMES L JENKINS			
Patient:	JAMES L JENKINS	Attorney:		
	6120 MILLER AVE			
	GARY, IN 46403			
				
Recorder of	f Lake County, Indiana	a Indiana D	epartment of Insura	ince
Lake County	y Government Center	311 W. Wa	shington Street	
2293 North	Main Street	Suite 300		
Crown Point, Indiana 46307 Indianapolis, Indiana 46204				
IN 46402, hospital carriers in and was discarriers in a carriers in a carrier in a carriers in a carriers in a carrier in a carriers in a carrier in a carrier in a carrier in a carrier in a carriers	are hereby notified to intends to hold a Hold are, treatment or main the patient was admissible accordence of the 157.00 Dollars. To the best of the 16 desentative claims the damages arising from the Recorder of the Recorder of the individual execution is of perjury, here escribed above and are true and correct.	presental Lien for all attendance of the above itted to the hospital cital on MAY 2, 2 mospital care, treat HOUSAND SIXTY SEVEN HOSPITAL'S knowledge at the following name the patient's interpretation of the County in which after the patient was this instrument, how states that the	l reasonable and not elisted patient as a lon MAY 2, 2007 007 A ment or maintenance 00/100 cm. The patient or the amed individuals and individuals are injury of the Hospital is was discharged from maying been duly sweet Hospital intends to the Hospital intends to t	ecessary charges for a follows: during the equation of the hospital continuous and the hospital continuous at the Hospital. The orn upon oath, under to hold the Hospital
		THE METHO	DIST HOSPITALS, INC	1
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		(1) BY:	elisare Vasan	UQ.
STATE OF I	,	MELIS	SA VASQUEZ	
COUNTY OF 1) SS: (,AKE:)	The state of the s		
COOMII OI I	,		/	
I MELIS	SSA VASQUEZ	, being a Pati	ent Representative	for The Methodist
	Inc., being duly swo			
		(2) MELISSA V	ASOUEZ VANGREZ	
May	cribed and sworn to be	efore me, a Notary P	ublic, this 125	day of
My Commissi	ion Expires:	-ar	Mel 111. Pel	102
	LA A	A Residen	t of	ary Molic
Allgus.	128,204	A Residen) June	<u>∠</u> County
I affirm,	under the penalties	for parjury, that I	have taken reason	able care to redact
each social	l security number in t	chis document, unles	required by law.	11/2 x x x D
This Instru	ument Prepared By:	Klyw &	4	Ch. 1701, L.L
		Clyde D. Compton, A 8700 Broadway, Merr		