STATE OF INDIANA

LAKE COUNTY
FILED FOR PECORD

2007 046523

2007 JUN - 7 PM 1:48

MICHAEL A. BROWN RECORDER

SHARON LEFFERT

TO:

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

Patient:	SHARON LEFFERT	Attorney:
	331 W. RIVERWOOD ACRES DR	
	ROCHESTER, IN 46975	
Recorder of	f Lake County, Indiana	Indiana Department of Insurance
Lake County	y Government Center	311 W. Washington Street
2293 North	Main Street	Suite 300
	t, Indiana 46307	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		
hospital care, treatment or maintenance of the above listed patient as follows:		
1.		to the hospital on APRIL 16, 2007
and was discharged from the hospital on APRIL 16, 2007		
2. The amount due for hospital care, treatment or maintenance during the above hospitalization is TWO THOUSAND EIGHT HUNDRED FIFTY FIVE 00/100		
	To the heat of the Hear	tal's knowledge, the patient or the patient's
3.	To the best of the Hospi	the following named individuals and/or entities are
	damages arising from the	e patient's illness or injury causing the hospital
stay:		
This	Lien is being filed purs	uant to the Hospital Lien Law, I.C. Section 32-33-4 in
		County in which the Hospital is located, within one
		r the patient was discharged from the Hospital. The
		is instrument, having been duly sworn upon oath, under
the penalt	ies of perjury, hereby s	tates that the Hospital intends to hold the Hospital
Lien as d	escribed above and that	the facts and matters set forth in the foregoing
statement	are true and correct.	EGDER'S OF
		THE METHODIST HOSPITALS, INC.
		- 1//
		(1) BY: Allena Passer
STATE OF I	NDIANA)	MELISSA VASQUEZ
) ss:	
COUNTY OF	LAKE)	
		being a <u>Patient Representative</u> for The Methodist
		pon oath, says that the facts stated in the foregoing
are true a	nd correct.	
		(2) Ale lessing, Varance
		MELISSA VASOUEZ
s a Subs	cribed and sworn to before	e me, a Notary Public, this day of
Thail	, 2007.	time, a notary rubire, this day or
may	, 2007.	andette M. Keres-
My Commiss	ion Expires:	Notary Public
1	1 00 1	A Resident of County
(ILIALIA	T 28, 2014	
I affirm, under the penalties for perjuty, that I have taken reasonable care to redact		
each social security number in this dicument, unless required by law.		
		1/1. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
This Instrument Prepared By:		
	Clyd	de D Compton, Attorney at Law
	8700	Byoadway, Merrillville, IN 46410

