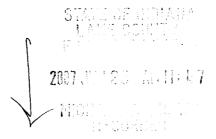
2007 051432



Return To:

Hodges & Davis, P.C.

100093180

0 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	David A. Timmons	
Patient:	David A. Timmons	Attorney:
	6193 Broughton Ave	
	Portage, IN 46368	
Doggandan	F. Tallac C. T. M.	
Recorder of Lake County, Indiana Indiana Department of Insurance Lake County Government Center 311 W. Washington Street		
2293 North Main Street		311 W. Washington Street
Crown Point, Indiana 46307 Indianapolis, Indiana 46204		Suite 300
You	are hereby notified that	THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary,
IN 4040Z,	intends to hold a Hospit	tal Lien for all reasonable and necessary chargos for
nospital ca	are, treatment or maintena	ance of the above listed patient as follows:
1.	The patient was admitted	d to the hospital on February 10, 2007
and was di	scharged from the hospital	l on February 10, 2007
2.	The amount due for hospi	ital care, treatment or maintenance during the
above hosp:	italization is <u>One Thousa</u>	and Fifty Three and 00/100
$(\frac{\$}{3})$,053.00) Dollars.	ake County Recorder!
legal repr	TO the pest of the Hospi	ital's knowledge, the patient or the patient's
liable for	damages arising from the	the following named individuals and/or entities are patient's illness or injury causing the hospital
stay:	damages arrising from th	pactent's liness or injury causing the hospital
_		
This	Lien is being filed pursu	uant to the Hospital Lien Law, I.C. Section 32-33-4 in
rue Office	of the Recorder of the	County in which the Hospital is located within one
nunarea and	d eighty (180) days afte:	r the patient was discharged from the Hospital mbo
the popular	individual executing thi	is instrument, having been duly sworn upon oath, under
Lien as de	escribed above and that	tates that the Hospital intends to hold the Hospital
statement a	are true and correct.	the facts and matters set forth in the foregoing
		THE METHODIST HOSPITALS, INC.
STATE OF IN	IDTANIA	(1) BY: Wickelle Duplos
STATE OF IN		Michelle Bishop
COUNTY OF L	AKE.	WOIAN ALLES
	,	
	chelle Bishop , be	eing a <u>Patient</u> Representative for The Methodist
Hospitals,	Inc., being duly sworn up	pon oath, says that the facts stated in the foregoing
are true an	d correct.	
		(2) INEXILLE SISTEN
Subsc	writed and sworn to hofore	Michelle Bishop
Tine	, 2007.	me, a Notary Public, this day of
		Therey C Foust
My Commissi	on Expires:	Notary Public
01	2	A Resident of Alle County
October 10	1, 2013	
I affirm. :	under the penalties for p	Minter that I have believe
each social	security number in this	gory, that I have taken reasonable care to redact socument, unless required by law.
		W. W. W.
This Instru	ment Prepared By:	TOO W
	Clyde	Tompoon, necorney at haw
	87007	Proadway. Merrillyille IN 46410

