2007 051436

2017 / 11 2.5 in 11 4.6 http://www.in.com/

100098875 100111536

Patient:

TO:

Lillie M. Lucas Lillie M. Lucas

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

racienc.	3737 W. 15th Ave. Gary, IN 46404	
_ , ,		Indiana Department of Insurance
Recorder of Lake County, Indiana Lake County Government Center		311 W. Washington Street
2293 North Main Street Crown Point, Indiana 46307		Suite 300 Indianapolis, Indiana 46204
IN 46402.	intends to hold a Hos	at THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, spital lien for all reasonable and necessary charges for tenance of the above listed patient as follows:
1.	The patient was admit	tted to the hospital on March 07, 2007
2.	The amount due for he	ospital care, treatment or maintenance during the
(\$ 2,	800.00) Dollar	rs.
3.	To the best of the Hoesentative claims that	ospital's knowledge, the patient or the patient's t the following named individuals and/or entities are
liable for stay:	damages arising from	the patient's illness or injury causing the hospital
the Office hundred and undersigned the penalt: Lien as de	of the Recorder of deighty (180) days a dindividual executing ies of perjury, hereb	ursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the County in which the Hospital is located, within one fter the patient was discharged from the Hospital. The this instrument, having been duly sworn upon oath, under y states that the Hospital intends to hold the Hospital hat the facts and matters set forth in the foregoing
		(1) BY: Michille Bohry
STATE OF IN		Michelle Bishop
COUNTY OF I) ss:	
Hospitals,	ichelle Bishop , Inc., being duly swornd correct.	being a <u>Patient Representative</u> for The Methodist on upon oath, says that the fact's stated in the foregoing (2) Michelle Bishop
	cribed and sworn to be, 2007.	fore me, a Notary Public, this day of
My Commission Expires: Notary Public		
<u>Cotober</u>	L10,2013	A Resident of CHIC County
	under the penalties f security number in t	
This Instru	ument Prepared By:	Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410
		Official Seal SHERRY C. FOUST Resident of Lake County, IN My commission expires October 10, 2013