

2007 051443

2007 JUL 20 AMM: 48 Return To: Hodges & Davis, P.C.
8700 Broadway, Merrillville, IN 46410

100117488

Marvin Miller

Patient: Marvin Miller

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

2532 Connecticut St. Gary, IN 46407	
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
	DIST HOSPITALS, INC., 600 Grant Street, Gary, for all reasonable and necessary charges for see above listed patient as follows:
above hospitalization is <u>Two Thousand Six Hu</u> (\$\frac{2,693.00}{3}\$. To the best of the Hospital's knowlegal representative claims that the follow	treatment or maintenance during the and Ninety Three and 00/100
This Lien is being filed pursuant to the Office of the Recorder of the County in hundred and eighty (180) days after the pat undersigned individual executing this instrumentation the penalties of perjury, hereby states that Lien as described above and that the fact statement are true and correct.	ment, having been duly sworn upon oath, under t the Hospital intends to hold the Hospital ts and matters set forth in the foregoing METHODIST HOSPITALS, INC.
STATE OF INDIANA) COUNTY OF LAKE) L Michaella Rishar	Michelle Bishop Patient Representative for The Methodist
Hospitals, Inc., being duly sworn upon oath, are true and correct.	says that the facts stated in the foregoing Michelle Bishop
Subscribed and sworn to before me, a No My Commission Expires: A R	
I affirm, under the penalties for perjury, each social security number in this document,	<i>H. 1</i>
	ton, Attorney at Law // - , Merrillville, IN 46410

Official Seal ANNETTE M. PEREZ
Reside and Lake County, IN
My commission expires
August 28, 2014 (SEAL)

157742