2007 051445

Production of the control of the con

Acct#100114705

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Coranita D. Mabone Coranita D. Mabone 4412 Miller Ave	Attorney:	
	Gary, IN 46403		
Lake County 2293 North	f Lake County, Indiana y Government Center Main Street t, Indiana 46307	311 V Suite	ana Department of Insurance W. Washington Street e 300 anapolis, 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:			
above hosp: (\$ 1, 3. legal repr	italization is One thous, 524.00 / Dollars To the best of the Hosp esentative claims that damages arising from the control of the theory of t	al on May 18, poital care, treatments and five hundred and the following name the patient's ill	on May 18, 2007 2007 ent or maintenance during the and twenty four dollars and 00/100 the patient or the patient's are individuals and/or entities are lness or injury causing the hospital
the Office hundred an undersigned the penalt Lien as d	Lien is being filed pur of the Recorder of the d eighty (180) days aft d individual executing t ies of perjury, hereby	suant to the Hospi e County in which er the patient was his instrument, ha states that the H t the facts and	tal Lien Law, I.C. Section 32-33-4 in the Hospital is located, within one s discharged from the Hospital. The ving been duly sworn upon oath, under ospital intends to hold the Hospital matters set forth in the foregoing
STATE OF IN) ss:	(1) BY: METHODI	ist Hospitals, INC. Lica Trosper Milica Trosper
Hospitals, are true ar	nd correct. cribed and sworn to before	upon oath, says th	Representative for The Methodist nat the facts stated in the foregoing Milica Trosper Dic, this 12 day of
My Commissi	, 2007. ion Expires:	WOLANA . W	ry C forst Notary Public
Octobe	16, 2013	A Resident	of Cauchy County
	under the penalties for security number in this		
This Instru	nment Prepared By:		Chr 14064
	√ 870	D u By oadway, Merril	lville, IN 46410
			SHERRY C. FOUST Resident of Lake County, IN My commission expires October 10, 2013

157739