2007 052171

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 2007 JUN 27 AM 9: 04 MICHAEL A. BROWN RECORDER

Return To:

Darrell Blanchard

Darrell Blanchard

1617 Vine Court

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

Hobart, IN 46342	
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
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:	
and was discharged from the hospita 2. The amount due for hosp above hospitalization is Nine Thou (\$ 9,670.00) Pollars. 3. To the best of the Hosp legal representative claims that liable for damages arising from the stay: This Lien is being filed purse the Office of the Recorder of the hundred and eighty (180) days after undersigned individual executing the the penalties of perjury, hereby so Lien as described above and that statement are true and correct. STATE OF INDIANA) ss: COUNTY OF LAKE I MINIMA) ss:	ital care, treatment or maintenance during the sand Six Hundred Seventy and 00/00
Subscribed and sworn to befor 2007. My Gommission Expires: I affirm, under the penalties for each social security number in this This Instrument Prepared By: (21y) (21y) (21y)	Joycelyn M. Smith e me, a Notary Public, this day of A Resident of County perjury, that I have taken reasonable care to redact

CD



TO:

Patient: