## STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2007 080357

2007 OCT -9 AM 9:59

Acct#100141274

TO:

MICHAEL A. BROWN PECORDER

Return To:

Arretrice Word

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Arretrice Word	Attorney:
	7112 Broadway	
	Merrillville, IN 46410	
Recorder of	Lake County, Indiana	Indiana Department of Insurance
	Government Center	311 W. Washington Street
	Main Street	Suite 300
	, Indiana 46307	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:		
1.	The patient was admitted to t	he hospital on <u>September 15, 2007</u>
and was dis	charged from the hospital on	September 15, 2007 .
2. The amount due for hospital care, treatment or maintenance during the		
above hospitalization is Five hundred ninety seven dollars and 00/100		
(\$ 597.00 ) Dollars. JOCHIMENTIS		
3.	To the best of the Hospital's	knowledge, the patient or the patient's
legal representative claims that the following named individuals and/or entities are		
liable for damages arising from the patient's illness or injury causing the hospital		
stay:		
	This Docume	to the Hospital Lien Law, I.C. Section 32-33-4 in
This	Lien is being filed pursuant	ty in which the Hespital is located within one
the Office	of the Recorder of the Count	ty in which the Hospital is located, within one patient was discharged from the Hospital. The
nunarea and	eighty (100) days after the	strument having been duly sworn upon bath, under
undersigned individual executing this instrument, having been duly sworn upon oath, under the penalties of perjury, hereby states that the Hospital intends to hold the Hospital		
Lien as described above and that the facts and matters set forth in the foregoing		
statement are true and correct.		
statement a	Tie cluc and correct.	THE METHODIST HOSPITALS, INC.
	(1)	BY: Malica MORDER
STATE OF IN	IDIANA )	Milica Trosper
	) ss:	
COUNTY OF L	AKE )	
		The state of the s
Ι	Milica Trosper , being	g a <u>Patient Representative</u> for The Methodist
Hospitals,	Inc., being duly sworn upon o	ath, says that the facts stated in the foregoing
are true an	d correct.	Mica Toman
	(2)	Milica Trosper
1	Albert and surprise before we	
/ ntime	ribed and sworn to before me,	a Notary Fublic, this day of
Sepulia	<u>00</u>	Maretti M. Kores-
My Commissi	on Expires:	Notary Pyblic
Try Johnness 1	ion Expires.	A Resident of County
My	St 28, 2014	
I affirm, under the penalties for perjury, that I have taken reasonable care to redact		
each social security number in this document, unless required by law.		
This Instru	ument Prepared By:	CK 14292
Clyde D. Compton, Attorney at Law		
	8700/Btos	adway, Merrillville, IN 46410
	()	adway, Merrillville, IN 46410

