STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2007 080358

2007 OCT -9 AM 9:59

MICHAEL A. BROWN RECORDER

Acct#100139977

TO:

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

TO: Patient:	Joyce E. Parrish  Joyce E. Parrish  5155 Georgia St Apt#9	Attorney:	
	Gary, IN 46409		
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:			
1. The patient was admitted to the hospital on September 10, 2007 and was discharged from the hospital on September 10, 2007.  2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Six hundred and eighty four dollars and 00/100			
(\$ 684.00 ) Dollars.  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			
This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the Office of the Recorder of the County in which the Hospital is located, within one hundred and eighty (180) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having been duly sworn upon oath, under			
the penalti Lien as de	es of perjury, hereby state	s that the Hospital	intends to hold the Hospital set forth in the foregoing
STATE OF IN	) ss:	BY: Wilica Milica	Trosper Trosper
COUNTY OF LA		og a Patient Penres	entative for The Methodist
Hospitals, are true and	Inc., being duly sworn upon	oath, says that the f	Cacts stated in the foregoing
Hepund	hibed and sworn to before me,	a Notary Public, thi	
My Commission Willy Williams	+ 28, 2014	A Resident of	Notary Public County
	under the penalties for performance security number in this decu	ury, thay I have take ment, unless required	
This Instrum	ment Prepared By:	Compton, Attorney at	, ,
	8700 Br	adway, Merrillville, 1	IN 46410 ('

