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#100155785

TO:

Return To:

NEAL J ABNER

Patient: NEAL J ABNER

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

GARY, IN 46406	
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
IN 46402, intends to hold a Hospi	THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, ital Lien for all reasonable and necessary charges for nance of the above listed patient as follows:
2. The amount due for hospital shove hospitalization is TWENTY S (\$ 26,587.20) Dollar 3. To the best of the Hospitaliable for damages arising from the Office of the Recorder of the Hospital should be and eighty (180) days after and the penalties of perjury, herebytien as described above and that	pital care, treatment or maintenance during the IX THOUSAND FIVE HUNDRED EIGHT SEVEN 20/100
STATE OF INDIANA) COUNTY OF LAKE) I DIAN HALL	THE METHODIST HOSPITALS, INC. (1) BY: DIAN HALL , being a Patient Representative for The
Subscribed and sworn to before the commission Expires: affirm, under the penalties for each social security number in this	DIAN HALL re me, a Notary Public, this day of Notary Public County
Chis Instrument Prepared By: Cly 870	yde D. Compton, Actorney at Law

