STATE OF INDIAN LAKE COUNTY FILED FOR RECORD

## 2008 004625

2000 JAN 18 AM 10: 48

MICHAEL A. BROWN RECORDER

# 3005 33332

TO: <u>JEANNIE TAPLEY</u>
Patient: <u>JEANNIE TAPLEY</u>

TO:

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

Attorney:

- -	221 W. 75TH PL. #H MERRILLVILLE, IN 46410	
Lake County 2293 North N	Lake County, Indiana Government Center Main Street , Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
IN 46402, i	ntends to hold a Hospital Lie	THODIST HOSPITALS, INC., 600 Grant Street, Gary en for all reasonable and necessary charges fo f the above listed patient as follows:
2. above hospit (\$ 658 3. legal repre	charged from the hospital on The amount due for hospital catalization is SIX HUNDRED FIFT 8.00 Dollars.  To the best of the Hospital's esentative claims that the following the following the following that the following the	are, treatment or maintenance during the
This land the Office nundred and undersigned the penaltitien as de	Lien is being filed pursuant to of the Recorder of the Count eighty (180) days after the individual executing this insets of perjury, hereby states scribed above and that the retrue and correct.	o the Hospital Lien Law, I.C. Section 32-33-4 in which the Hospital is located, within on patient was discharged from the Hospital. The trument, having been duly sworn upon oath, under that the Hospital intends to hold the Hospital facts and matters set forth in the foregoin THE METHODIST HOSPITALS, INC.  BY: DIAN HALL
COUNTY OF LA		, being a Patient Representative for Th
Methodist Ho	ospitals, Inc., being duly swo re true and correct.	orn upon oath, says that the facts stated in th
Occumba 1y Commissio		
each social		y, that I have taken reasonable care to redacent, unless required by law.  (16 /4/509  Compton, Attorney at Law dway, Merrillville, IN 46410
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