2008 004647



2008 JAN 18 AN 10: 49

100158044

TO:

MICHAEL A. BROWN RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	William A. Lee William A. Lee 677 Ohio St	Attorney:	
	Gary, IN 46402		
Lake Count 2293 North	f Lake County, Indiana y Government Center Main Street t, Indiana 46307	311 W Suite	na Department of Insurance . Washington Street . 300 .napolis, 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. and was di	The patient was admitted scharged from the hospital	al on November 28	. 2007
(\$ 3.	italization is Three Th. 3,374.20) Dollars To the best of the Hospan That that	ousand Three Hundre pital's knowledge, the following nam	the patient or the patient's ed individuals and/or entities are
liable for stav:	r damages arising from	the patient's ill	ness or injury causing the mospital
This the Office hundred an undersigned the penalt Lien as a statement. STATE OF I COUNTY OF I A Hospitals, are true a substitute of the county of the count	e of the Recorder of the new eighty (180) days afted individual executing the ties of perjury, hereby described above and that are true and correct. INDIANA INDIAN	e County in which er the patient was his instrument, ha states that the H t the facts and THE METHOD: (1) BY: being a Patient upon oath, says the says th	Stone Notary Public
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 Inst	,	yde/j. Compton, At 00/Proadway, Merri	torney at Law
			Official Seal LISA STONE Resident of Lake County, IN My commission expires March 24, 2011