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MICHAEL A. BROWN RECORDER

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Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307 You are hereby notified that THE METHOLIST MOSPITALS, INC., 600 Grant Street, Gar Indianapolis, Indiana 46204 You are hereby notified that THE METHOLIST MOSPITALS, INC., 600 Grant Street, Gar Indianapolis, Indiana 46204 You are hereby notified that THE METHOLIST MOSPITALS, INC., 600 Grant Street, Gar Indianapolis, Indiana 46204 You are hereby notified that THE METHOLIST MOSPITALS, INC., 600 Grant Street, Gar Indianapolis, Indiana 46204 You are hereby notified that THE METHOLIST MOSPITALS, INC., 600 Grant Street, Gar Indianapolis, Indiana 46204 You are hereby notified that THE METHOLIST MOSPITALS, INC., 600 Grant Street, Gar Indianapolis, Indiana 46204 The patient was admitted to the METHOLIST MOSPITALS, INC., 600 Grant Street, Gar Indianapolis, Indiana 46204 Indianapolis, Indiana 46204 You are hereby notified that THE METHOLIST MOSPITALS, INC., 600 Grant Street, Gar Indianapolis, Indiana 46204 Indianapolis, Indiana 46204 The Amount due for hospital tien of all reasonable and necessary charges for hospital care, treatment of line indianapolis, Indiana 46204 Indianapolis, Indi	TO: Patient:	ANDRE ABRAMS ANDRE ABRAMS 641 HOVEY ST GARY, IN 46406	Attorney:	
hospital care, treatment or maintenance of the above listed patient as follows: 1. The patient was admitted to the hospital on December 07, 2007 and was discharged from the hospital on December 07, 2007 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is FIVE HUNDRED THERTY & 00/100 3. To the best of the Hospital's knowledge, the patient or the patient's liable for damages arising from the patient's illness or injury causing the hospital care, treatment or maintenance during the above hospital representative claims that the following named individuals and/or entities a liable for damages arising from the patient's illness or injury causing the hospital stay: This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33-4: the Office of the Recorder of the County in which the Hospital is located, within on hundred and eighty (180) days after the patient was discharged from the Hospital. The penalties of perjury, hereby states that the Hospital intends to hold the Hospital intends to hold the Hospital and advanced and correct. STATE OF INDIANA STATE OF INDIANA STATE OF INDIANA SSE COUNTY OF LAKE 1 DIAN HALL Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) DIAN HALL Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) DIAN HALL Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) DIAN HALL Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) DIAN HALL Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) MACL A 2011 This Instrument Prepared By: Clyde P. Compton, Attorney at Law	Lake County 2293 North Crown Point	y Government Center Main Street t, Indiana 46307	311 W. Washington S Suite 300 Indianapolis, India	treet na 46204
2. The amount due for hospital care, treatment of maintenance during the above hospitalization is FIVE HUNDRED THERTY & 00/100 3. To the best of the Hospital's knowledge, the patient or the patient's liable for damages arising from the patient's illness or injury causing the hospitaliable for damages arising from the patient's illness or injury causing the hospitaliable for damages arising from the patient's illness or injury causing the hospitaliable for damages arising from the Hospital Lien Law, I.C. Section 32-33-4: This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33-4: This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33-4: This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33-4: The Meriodial Lien Law, I.C. Section 32-34: Th	You a IN 46402, hospital ca	are, treatment or ma	intenance of the above listed patient	necessary charges fo as follows:
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 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 foregoin statement are true and correct. THE METHODIST HOSPITALS, INC. STATE OF INDIANA SS: DIAN HALL	and was dis 2. above hospi (\$ 53 3. legal representations)	The amount due for talization is FIVE 0.00 Dollar To the best of the esentative claims to	hospital care, treatment or maintenant HUNDRED THIRTY & 00/100 rs. Hospital's knowledge, the patient or	the patient's
STATE OF INDIANA) SS: COUNTY OF LAKE I DIAN HALL Methodist Hospitals, Inc., being duly swarn upon oath, says that the facts stated in the foregoing are true and correct. (2) Subscribed and sworn to before me, a Notary Public, this 20 M day of February, 2008. My Commission Expires: A Resident of Across Notary Public County I affirm, under the penalties for Frjury, that I have taken reasonable care to redact each social security number in this document unless required by law. This Instrument Prepared By: Clyde D. Compton, Attorney at Law	hundred and undersigned the penalti	eighty (180) days individual executing es of periory here	after the patient was discharged fring this instrument, having been duly	s located, within one on the Hospital. The sworn upon oath, under
Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) DIAN HALL Subscribed and sworn to before me, a Notary Public, this 20 M day of My Commission Expires: A Resident of March 2011 I affirm, under the penalties for verjary, that I have taken reasonable care to redact each social security number in this document, unless required by law. This Instrument Prepared By: Clyde P. Compton, Attorney at Law) ss:	(1) BY: Mandal &	NC.
My Commission Expires: MACO 2011 I affirm, under the penalties for terjury, that I have taken reasonable care to redact each social security number in this document, unless required by law. This Instrument Prepared By: Clyde D. Compton, Attorney at Law	Methodist Hoforegoing ar	e true and correct.	ng duly sworn upon oath, says that th	e facts stated in the
8700 Broadway Merrilly Transcript	My Commissio March I affirm, un each social	n Expires: 24 /2011 Ider the penalties security number in the secu	A Resident of Have taken reasonable document unless required by law.	onable care to redact Ok. 14586

Official Seal LISA STONE
Resident of Lake County, IN
My commission expires
March 24, 2011