STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2008 020855

2008 HAR 24 PM 2: 38

MICHAEL A. BROWN RECORDER

#200254775

TO:

Patient:

Return To:

ROBERT P ALEXANDER

ROBERT P ALEXANDER

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney: __

	4015 W 73 RD AVE MERRILLVILLE, IN 46410	
Lake County 2293 North Crown Point	Lake County, Indiana Government Center Main Street , Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
TAT 4 C 4 O O	intends to hold a Hospital are, treatment or maintenan	E METHODIST HOSPITALS, INC., 600 Grant Street, Gary, Lien for all reasonable and necessary charges for ce of the above listed patient as follows:
2. above hospi (\$ 1,48	The amount due for hospital talization is ONE THOUSAN B6.00 Dollars. To the best of the Hospit the talization of the Hospit coentative claims that the	to the hospital on JANUARY 17, 2008. on JANUARY 18, 2008. al care, treatment or maintenance during the D FOUR HUNDRED EIGHTY-SIX 00/100 al's knowledge, the patient or the patient's e following named individuals and/or entities are patient's illness or injury causing the hospital
This the Office hundred an undersigned the penalt Lien as d	of the Recorder of the od eighty (180) days after dindividual executing this ies of perjury, hereby states are true and correct.	THE METHODIST HOSPITALS, INC. Section 32-33-4 in County in which the Hospital is located, within one the patient was discharged from the Hospital. The sinstrument, having been duly sworn upon oath, under ates that the Hospital intends to hold the Hospital the facts and matters set forth in the foregoing
STATE OF I	NDIANA)) ss: LAKE)	MELISSA VASQUEZ
Hospitals,	Inc., being duly sworn up and correct.	being a <u>Patient Representative</u> for The Methodist on oath, says that the facts stated in the foregoing (2) MELISAA VASQUEZ
March	scribed and sworn to before	me, a Notary Public, this 30 day of Notary Public Notary Public
March	7 34, 3011	A Resident of Bellia County
I affirm,	under the penalties for	dogument, unless required by law.
This Insti	rument Prepared By:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	₽ 8700	Broadway, Merrillville, IN 46410 Official Seal LISA STONE Resident of Lake County, IN My commission expires March 24, 2011