STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2008 020859

2008 MAR 24 PM 2: 38

MICHAEL A. BROWN RECORDER

#100176668

TO:

Return To:

KISSNE DAVIS

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	KISSNE DAVIS	Attorney:
	4431 MILLER AVE	
	GARY, IN 46403	
Recorder of	Lake County, Indiana	Indiana Department of Insurance
	Government Center	311 W. Washington Street
	Main Street	Suite 300
	, Indiana 46307	Indianapolis, Indiana 46204
CLOWII FOILIC	, indiana 1050,	,
IN 46402,	intends to hold a Hospital	E METHODIST HOSPITALS, INC., 600 Grant Street, Gary, Lien for all reasonable and necessary charges for e of the above listed patient as follows:
1.	The patient was admitted t	o the hospital on February 29, 2008
and was dis	charged from the hospital of	n February 29, <u>2008</u> .
2.	The amount due for hospita	l care, treatment or maintenance during the
above hospi	talization is <u>SEVEN HUNDRE</u>	D FIFTY SEVEN & 00/100
	7.00) Dollars.	Cument is
3.	To the best of the Hospita	l's knowledge, the patient or the patient's
legal repr	esentative claims that the	following named individuals and/or entities are
liable for	damages arising from the	patient's illness or injury causing the hospital
stay:		
-	This Docum	nent is the property of
This	Lien is being filed pursua	at to the Hospital Lien Law, I.C. Section 32-33-4 in
the Office	of the Recorder of the C	ounty in which the Hospital is located, within one
hundred and	d eighty (180) days after	the patient was discharged from the Hospital. The
undersigned	l individual executing this	instrument, having been duly sworn upon oath, under
the penalt	ies of perjury, hereby sta	tes that the Hospital intends to hold the Hospital
Lien as d	escribed above and that t	the facts and matters set forth in the foregoing
	are true and correct.	
		THE METHODIST HOSPITALS, INC.
		election of the services of th
STATE OF IN		DIAN HALL
) ss:	
COUNTY OF I	LAKE)	
-		, being a Patient Representative for The
I Di		
Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the		
foregoing a		000100
		2) Marildall
Q. 1	and had a second to before	ne, a Notary Public, this 12 th day of
Mark	oribed and sworn to before	ne, a notary Public, this 100 day of
1/1Wice		Ling Stone
Mr. Commigg	ion Expires:	Notary Public
-		A Resident of Bala County
March	7 24,2011	A Resident of country
I affirm,	under the penalties for p	riary, that I have taken reasonable care to redact
each social	l security number in thes	bcument, unless required by law.
0		
This Instr	ument Prepared By:	12 Ulm (1/2 14636
	£lyde	A. Compton, Attorney at Law
	/ 8700 /	Brbadway, Merrillville, IN 46410
	(;	$\mathcal{M}_{\mathcal{M}}$
	C	partition of the section of the sect
		Official Seal LISA STONE
		(SEAL)?) Resident of Lake County IN
		IVIV COmmission expires
		March 24, 2011