2008 060202

Account #100205631

Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

	DHOMI DELLEGISTIC	
TO: Patient:	LEROY COOPER LEROY COOPER 508 E. 33 RD AVENUE GARY, IN 46404	Attorney:
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307		Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
1. and was diabove hospital (\$ 3,8 3.	intends to hold a Hospitare, treatment or maintends to hold a Hospitare, treatment or maintends admitted is charged from the hospitare amount due for hospitalization is THREE THE B26.00) Dollars. To the best of the Hospitalization the best of the Hospitalization is THREE THE B26.00) Dollars.	THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, Ital Lien for all reasonable and necessary charges for nance of the above listed patient as follows: ed to the hospital on JULY 16, 2008 al on JULY 16, 2008 pital care, treatment or maintenance during the OUSAND FIGHT HUNDRED TWENTY-SIX and NO/100 pital's knowledge, the patient or the patient's the following named individuals and/or entities are
liable fo stay: This the Offic	s Lien is being filed pur	resuant to the Hospital Lien Law, I.C. Section 32-33-4 in the County in which the Hospital is located, within one the patient was discharged from the Hospital. The
undersignd the penal Lien as	ed individual executing t	this instrument, having been duly sworn upon oath, under states that the Hospital intends to hold the Hospital at the facts and matters set forth in the foregoing
STATE OF	INDIANA)	(1) BY: MELISSA VASQUEZ
COUNTY OF		
Hospitals are true	and correct.	_, being a <u>Patient Representative</u> for The Methodist upon oath, says that the facts stated in the foregoing (2) MELISSA VASQUEZ
_Ally	pscribed and sworn to before 2008.	ore me, a Notary Public, this
Augi	usion Expires:	A Resident of County
I affirm each soci	, under the penalties fo	or perjury, that I have taken reasonable care to redact is distundent, unless required by law.
Thia That	rument Prepared By:	/X/Xu/X

Official Seal ANNETTE M. PEREZ
Resident of Lake County, IN
My commission expires
August 28, 2014

Elyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410

167622.002

This Instrument Prepared By: