#100205221

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

TO: Patient:	LOUIS VANN LOUIS VANN 405 S HUNTINGTON APT 112 GARY, IN 46403	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
hospital c	are, treatment or maintenance	METHODIST HOSPITALS, INC., 600 Grant Street, Gary, Lien for all reasonable and necessary charges for e of the above listed patient as follows:
above hosp (\$ 588 3. legal repr	The amount due for hospital italization is FIVE HUNDRED .00 ) Dollars.  To the best of the Hospital resentative claims that the	Caro trootment
hundred an undersigned the penalt Lien as d	d eighty (180) days after to d individual executing this ies of perjury hereby state	t to the Hospital Lien Law, I.C. Section 32-33-4 in unty in which the Hospital is located, within one he patient was discharged from the Hospital. The instrument, having been duly sworn upon oath, under es that the Hospital intends to hold the Hospital in the foregoing
STATE OF IN	) ss:	BY: MELLISA VASQUEZ VASQUEZ
I MELIS Hospitals, are true an	SA VASQUEZ , be Inc., being duly sworn upon d correct.	eing a <u>Patient Representative</u> for The Methodist oath, says that the facts stated in the foregoing
Subsc	ribed and sworn to before me, 2008.	MELISSA VASQUEZ  , a Notary Public, this 511 day of
My Commissi		A Resident of <u>Halle</u> County
I affirm, u	inder the penalties for non-	ary, that I have taken reasonable care to redact ment, anless required by law.
	ment Prepared By:	Compton, Attorney at Law padway, Merrillville, IN 46410