2008 067327

STATE OF MOLARIA LAKE COUNTY FILED FOR RECORD

2898 SEP 26 FH 2: 36

MICHAEL A. BROWN REGORDER

200328058

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Michael Roaden Michael Roaden 9462 Van Buren Ct	Attorney:		
	Crown Point, IN 46307			
Lake County 2293 North Crown Point	Lake County, Indiana Government Center Main Street , Indiana 46307	311 W. Wa Suite 300 Indianapo	olis, Indiana 46204	
You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows:				
2. above hospi	The patient was admitted to scharged from the hospital on The amount due for hospital talization is One Thousand T 214.00) Dollars.	September 04, care, treatment o	or maintenance during the	
3. legal repre	To the best of the Hospital' esentative claims that the following damages arising from the	s knowledge, the following named	patient or the patient's individuals and/or enti	ties are hospital
This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the Office of the Recorder of the County in which the Hospital is located, within one 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 foregoing statement are true and correct.				
STATE OF IN		BY: Ox	1911 DUR WW	
COUNTY OF L	JAKE) ss:			
Hospitals, are true an	(2)	oath, says that	gre Djuk WW	
Subsc Sintembe	eribed and sworn to before me,	a Notary Public,	this <u>23100</u> day of	
My Commissi	on Expires:	7 0	Notary Public	
march.	24,3011	A Resident of	Lake County	
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this pocument, unless required by law.				
This Instru	nment Prepared By: 91yde 1. 8700 Fre	Compton, Attorned adway, Merrillvii		3
		The state of the s	Official Seal LISA STONE Resident of Lake County, IN My commission expires March 2011	