2008 080040

STATE OF INDICATE LAKE COUNTY FILED FOR RECED

2008 NOY 24 PK 1: 18

MICHAEL A. BROWN RECORDER

#100227084

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

TO:	JOSEPH B HUFF	_
Patient:	JOSEPH B HUFF 3612 MICHIGAN ST	Attorney:
	HOBART, IN 46342	<u> </u>
Lake Count 2293 North	f Lake County, Indiana y Government Center Main Street t, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
IN 46402,	intends to hold a Hosp	t THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, pital Lien for all reasonable and necessary charges for enance of the above listed patient as follows:
1.		ted to the hospital on OCTOBER 27, 2008.
2. above hosp	The amount due for ho pitalization is THIRTY-	tal on <u>NOVEMBER 2, 2008 .</u> spital care, treatment or maintenance during the SEVEN THOUSAND THIRTY-THREE 00/100
(\$ 37, 3. legal repliable for stay:	To the best of the Horesentative claims that	spital's knowledge, the patient or the patient's the following named individuals and/or entities are the patient's illness or injury causing the hospital
This the Office hundred as undersigne the penalt	e of the Recorder of tond eighty (180) days and ed individual executing ties of perjury, hereby	resuant to the Hospital Lien Law, I.C. Section 32-33-4 in the County in which the Hospital is located, within one feer the patient was discharged from the Hospital. The this instrument, having been duly sworn upon oath, under a states that the Hospital intends to hold the Hospital at the facts and matters set forth in the foregoing
		THE METHODIST HOSPITALS, INC.
STATE OF I) ss:	(1) BY: Nelwa Yasquez MELISSA VASQUEZ
Hospitals,	SSA VASQUEZ Inc., being duly sworn and correct.	, being a <u>Patient Representative</u> for The Methodist nupon oath, says that the facts stated in the foregoing
Subs Noveinki	scribed and sworn to bef	ore me, a Notaty Public, this The day of
	sion Expires:	Notary Public
Marc	h 24, 2011	A Resident of Mule County
•	under the penalties for	or perjurg, that I have taken reasonable care to redact
each socia	al security number in th	is document, uhless required by law.
This Instr	rument Prepared By: \int_8^-	1yde D Compton, Attorney at Law 700 Bryadway, Merrillville, IN 46410
		Official Sea! LISA STONE Resident of Lake County, IN My commission expires March 24, 2011