2009 029678

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2009 MAY -6 AH 9: 28

MICHAEL A. BROWN RECORDER

#100251315

Return To:

Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN		
TO:	MILDRED A LINZY	
Patient:	MILDRED A LINZY 873 HAMLIN ST	Attorney:
	GARY, IN 46406	
Recorder of Lake County, Indiana Lake County Government Center		311 W. Washington Street
2293 North Main Street Crown Point, Indiana 46307		Suite 300
Crown Poln	it, indiana 46307	Indianapolis, Indiana 46204
IN 46402,	intends to hold a Ho care, treatment or main	hat THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, spital Lien for all reasonable and necessary charges for attendance of the above listed patient as follows:
I. and was di	scharged from the hose	oital on FEBRUARY 27, 2009.
2.	The amount due for h	nospital care, treatment or maintenance during the
-		HUNDRED ININETY FOUR 00/100erty of
(\$ 994	To the best of the F	Hospital's knowledge, the patient or the patient's
	resentative claims th	at the following named individuals and/or entities are m the patient's illness or injury causing the hospital
the Office hundred ar undersigne the penalt Lien as of	e of the Rec <mark>order of</mark> nd eighty (180) days ed individual executing ties of perjury, herel	pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the County in which the Hospital is located, within one after the patient was discharged from the Hospital. The g this instrument, having been duly sworn upon oath, under by states that the Hospital intends to hold the Hospital that the facts and matters set forth in the foregoing
STATE OF I	NDIANA)) ss:	(1) BY: MELISSA VASQUEZ / UNATUS
COUNTY OF	LAKE)	
Hospitals,	SSA VASQUEZ Inc., being duly swo	, being a <u>Patient Representative</u> for The Methodist rn upon oath, says that the facts stated in the foregoing
		(2) Melista Vasques
April	scribed and sworn to be	efore me, a Notary Public, this day of
My Commiss	sion Expires:	Sherry C. Foust Notary Public
Octoben 1	10,2013	A Resident of <u>LALe</u> County
I affirm, each socia	under the penalties al security number in t	this document, unless required by law.
This Instr	rument Prepared By:	Tyde D Compton, Actorney at Law //-
	J.	8700 Bradway, Merrillville, IN 46410

Official Seal
SHERRY C. FOUST
Resident at Lake County, IN
My commission expires
October 10, 2013

Rm E

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