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Return To:

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN	
TO: Sylvia Wiley Patient: Sylvia Wiley 3972 Pierce St Gary, IN 46408	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
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:	
above hospitalization is One Thousand Thre  (\$ 1,345.75	e, treatment or maintenance during the e Hundred Forty-Five and 75/100  nowledge, the patient on the patient's owing named individuals and/or entities are itent's illness or injury causing the hospital is the property of the Hospital Lien Law, I.C. Section 32-33-4 in I'm which the Bospital is located, within one attent was discharged from the Hospital. The nument, having been duly sworn upon oath, under not the Hospital intends to hold the Hospital acts and matters set forth in the foregoing the METHODIST HOSPITALS, INC.  Y: Angle Djukich  Angle Djukich  Notary Public, this What have taken reasonable care to redact to the property of the property of the public of the property of the public of
	mpton, Attorney at Law ay, Merrillville, IN 46410
	Official Seal LISA STONE Resident of Lake County, IN My commission expires March 24, 2011