STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2010 002833

2010 JAN 15 PH 1: 16

200439167

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

TO:	ANDREWS, FREDDIE		
Patient:	ANDREWS, FREDDIE	Attorney:	
	1942 WEST 86TH AVE		
	MERRILLVILLE, IN 4	6410	
	Lake County, Indiana		ana Department of Insurance
_	Government Center		W. Washington Street
	Main Street		e 300
Crown Point	, Indiana 46307	Inara	anapolis, Indiana 46204
IN 46402,	intends to hold a Ho	spital Lien for all	CPITALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for listed patient as follows:
1.			on <u>November 25</u> , 2009
	charged from the hosp	oital on November 25	ent or maintenance during the
2.	The amount due for I	IOSPILAI CAIE, LIEALIM IOIGNND SEVEN HUNDRED	SEVENTY-THREE 25/100
above nospi	773.25) Dolla	rs Ollins	410
3	To the best of the	lospital's knowledge.	the patient or the patient's
legal repr	esentative claims th	at the following nam	ned individuals and/or entities are
liable for	damages arising fro	m the patient's il	lness or injury causing the hospital
stay:	110		
_	This Do	cument is the	tal lien Law, I.C. Section 32-33-4 in
This	Lien is being filed	pursuant to the Hospi	the Mespital is located within one
the Office	of the Recorder of	often the nationt wa	the Hospital is located, within one s discharged from the Hospital. The
nundred and	lindividual execution	atter the patroment ha	aving been duly sworn upon oath, under
the penalt:	ins of perjury here	ov states that the P	Mospital intends to hold the Hospital
Tien as de	escribed above and	that the facts and	matters set forth in the foregoing
	are true and correct.		
Scattment t	Te true and correct	THE METHOD	IST HOSPITALS, INC.
			The state of the s
			ensuell Tracket
STATE OF IN		\ TENN	ILLE MELTON
) ss:		
COUNTY OF I	AKE)		
I 5	rennille Melton	, being	g a Patient Representative for The
Methodist F	Hospitals. Inc., bein		th, says that the facts stated in the
	are true and correct.		M so M
		(2) / (2)	SHELDIP Ollen
		TENN	ILLE MELTON
) Subsc	cribed and sworn to be	efore me, a Notary Pu	blic, this $\frac{5/37}{2}$ day of
December	<u>7</u> , 2009.		
My Commissi	ion Expires:	V. Contract	Notary Public
-		A Resident	of Cake County
_manch	124,2011	VOIANAMI	
T affirm.	under the penalties	for perjury, that I	have taken reasonable care to redact
each social	l security number in	this document, unless	required by law.
			Che 15948
This Instru	ument Prepared By:		
		Earle F. Hites, Atto 8700 Broadway, Merri	
		0/00 broadway, Merri	
			The state of the s
			Official Seal LISA STONE
			Value and the Court of Lake Court in the Value o
			My commission expired March 4, 2011