Aact # 100 297168

LAKE COUNTY FILED FOR RECORD

2010 011726

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Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	DEBRA MAGEE DEBRA MAGEE 4335 E 6TH PL GARY, IN 46403	Attorney:
Lake County 2293 North 1	Lake County, Indiana Government Center Main Street , 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 hosping (\$\frac{2}{3}\$. legal representations of the content of the conten	charged from the hosp The amount dualfor h talization is Two th 124.00) Dolla To the best of the H esentative claims tha	ital on January 08, 2010 ospital care, treatment or maintenance during the ousand one hundred twenty four and 00/100 rs.accorder. ospital's knowledge, the patient or the patient's at the following named individuals and/or entities are not patient's illness or injury causing the hospital
the Office hundred and undersigned the penalti Lien as de statement a	of the Recorder of eighty (180) days a individual executing es of perjury, herek scribed above and tre true and correct.	oursuant 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 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 IN) ss:	Yotanda R Simpson
I Yolanda R Simpson, being a Patient Representative for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) Manda Simpson Yolanda R Simpson Yolanda R Simpson Subscribed and sworn to before me, a Notary Public, this 1571 day of		
Subsc Felliary My Commission	, 2010. on Expires:	fore me, a Notary Public, this 1570 day of Suig Stone A Resident of Suig Notary Public County
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.		
	ment Prepared By:	Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410

Official S eal
LISA STONE
Resident of Lake County IN
My commission expire
Mai 2011