2010 011736

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2010 MAR -3 PM 1: 20

MICHELLE B. FAJMAN

#10029656	1	RECORDER
	Return To:	Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410
TO: Patient:	JAMES M WHITE JAMES M WHITE 1685 W 10 TH PLACE GARY, IN 46404	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
IN 46402, hospital c 1. and was di 2.	intends to hold a Hospita are, treatment or maintenar The patient was admitted scharged from the hospital The amount due for hospit	HE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, l Lien for all reasonable and necessary charges for the above listed patient as follows: to the hospital on JANUARY 5, 2010. on JANUARY 5, 2010. cal care, treatment or maintenance during the IND FOUR HUNDRED TWENTY-THREE 00/100
(\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	To the best of the Hospit resentative claims that the damages arising from the	cal's knowledge, the patient or the patient's e following named individuals and/or entities are patient's illness or injury causing the hospital
the Office hundred ar undersigne the penalt Lien as of	e of the Recorder of the old eighty (180) days after d individual executing this sies of perjury, hereby st	County in which the Hospital is located, within one the patient was discharged from the Hospital. The sinstrument, having been duly sworn upon oath, under ates that the Hospital intends to hold the Hospital the facts and matters set forth in the foregoing
STATE OF I) ss:	THE METHODIST HOSPITALS, INC. BY: MELISSA VASQUEZ
Hospitals,	SSA VASQUEZ , Inc., being duly sworn up nd correct.	being a <u>Patient Representative</u> for The Methodist on oath, says that the facts stated in the foregoing
My Commiss	cribed and sworn to before $f_{}$, 2010. ion Expires:	MELISSA VASQUEZ me, a Notary Public, this 1970 day of Suin Stone A Resident of Sale County Perjury, that I have taken reasonable care to redact
each socia		document, unless required by law.

This Instrument Prepared By:

Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410

Official Seal
LISA STONE
Resident of Lake County IN
M. permasion expire
arch 24 Post 1

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