2010 014045

LAKE COUNTY
FILED FOR RECORD

2010 MAR 16 PM 1: 17

MICHELLE A FAJMAN RECORDER

#100301205

Return To:

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

	SWORN STATEMENT & NO	OTICE OF INTENTION TO HOLD HOSPITAL LIEN
TO:	CAROLYN FERGUSON	
Patient:		Attorney:
	4566 HARRISON ST	
	GARY, IN 46408	
Recorder of Lake County, Indiana Indiana Department of Insurance		
Lake County Government Center		311 W. Washington Street
	Main Street	Suite 300
Crown Poin	t, Indiana 46307	Indianapolis, Indiana 46204
IN 46402, hospital c	intends to hold a Hospi are, treatment or mainten The patient was admitte	THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, tal Lien for all reasonable and necessary charges for tance of the above listed patient as follows: ed to the hospital on JANUARY 28, 2010.
	scharged from the hospita	1 on JANUARY 31, 2010.
	italization is TWENTY FO	oital care, treatment or maintenance during the DUR THOUSAND ONE HUNDRED FORTY 19/100
(\$ 24,	To the best of the Hosp	ottal's knowledge; the patient or the patient's
		the following named individuals and/or entities are
liable for damages arising from the patient's illness or injury causing the hospital		
stay:		
the Office hundred an undersigne the penalt Lien as d	e of the Recorder of the d eighty (180) days afte d individual executing the ies of perjury, hereby	suant to the Hospital Lien Law, I.C. Section 32-33-4 in a County in which the Hospital is located, within one er the patient was discharged from the Hospital. The his instrument, having been duly sworn upon oath, under states that the Hospital intends to hold the Hospital the facts and matters set forth in the foregoing
		THE METHODIST HOSPITALS,, INC.
		THE MISTROSPITALS, TINC.
		(1) BY: 1 10 lessa Nasones
STATE OF I	NDIANA)	MELISSA VASQUEZ
COLDINA OF) ss:	DIANA
COUNTY OF	DAKE)	
Hospitals,	SSA VASQUEZ Inc., being duly sworn nd correct.	, being a <u>Patient Representative</u> for The Methodist upon oath, says that the facts stated in the foregoing
		Madria Varano
		(2) A JULIANA VALLEYUZ
Febru	cribed and sworn to befor UV 2010.	mELISTA VASQUEZ re me, a Notany Public, this day of
My Commiss	ion Expires: HAS, 2014	A Resident of County
I affirm, each socia	under the penalties for l security number in this	perjury, that I have taken reasonable care to redact document, unless required by law.

Earle F. Hites, Attorney at Law

8700 Broadway, Merrillville, IN 46410

Official Seal
ANNETTE M. PEREZ
Reside For Lake County, IN
My corn ression expires
August 28, 2014

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This Instrument Prepared By: