JAME OF INDIANA LAME COUNTY FILED FOR RECORD

2010 015430

2010 MAR 17 PM 1:18

MICHELLE RESUMAN RECORDER

#100306320

Return To:

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN			
TO: Patient:	ARTHUR JULKES ARTHUR JULKES 1232 HOFFMAN ST HAMMOND, IN 46327	Attorney:	
Lake Count 2293 North	f Lake County, Indiana y Government Center Main Street t, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204	
IN 46402, hospital c 1. and was di 2. above hosp (\$ 3,1 3. legal repliable for stay: This the Office hundred ar undersigne the penalt Lien as c	intends to hold a Hosp are, treatment or mainter The patient was admitted scharged from the hospited The amount due for hospitalization is THREE THE TOTAL TO THE BEST OF THE HOSPITE THE STATE OF THE HOSPITE OF THE CHARGE AND ANDIANA In the patient was admitted to the hospite of the Hospite of the Hospite of the Hospite of the Recorder of the Hospite of the Hospite of the Hospite of the Recorder of the Hospite of the H	t THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary stal Lien for all reasonable and necessary charges for the above listed patient as follows: The methodist Hospital on FEBRUARY 23, 2010. The methodist Hospital on FEBRUARY 23, 2010. The following named individuals and/or entities are the patient's illness or injury causing the hospital resuant to the Hospital Lien Law, I.C. Section 32-33-4 in the country in which the Hospital is located, within on the term the patient was discharged from the Hospital. The this instrument, having been duly sworn upon oath, under the facts and matters set forth in the foregoing the facts and matters set forth in the foregoing the methodist Hospitals, INC. THE METHODIST HOSPITALS, INC.	re al in ne ne er al
Hospitals, are true a Subsidiar My Commiss I affirm, each socia	nd correct. Aribed and sworn to before, 2010. ion Expires: Under the penalties for a security number in this sument Prepared By:	melissa Vasquez ore me, a Notary Public, this Surary Public A Resident of County or perjury, that I have taken reasonable care to redaction document, unless required by law.	ng
	87	700 Broadway, Merrillville, IN 46410	