LAKE COUNTY FILED FOR RECORD

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W	MICHELSE
#100307197 Return To:	Hodges & Davis, P.C.
Reculii 10.	8700 Broadway, Merrillville, IN 46410
SWORN STATEMENT & NOTICE	E OF INTENTION TO HOLD HOSPITAL LIEN
TO: TYESHIA SCOTT Patient: TYESHIA SCOTT 775 VIRGINIA ST APT 205 GARY, IN 46402	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, intends to hold a Hospital hospital care, treatment or maintenance 1. The patient was admitted to and was discharged from the hospital on 2. The amount due for hospital above hospitalization is TWO THOUSAND (\$ 2,189.00) Dollars. 3. To the best of the Hospital legal representative claims that the	care, treatment or maintenance during the ONE HUNDRED EIGHTY-NINE 00/100 (S knowledge, the patient or the patient's following named individuals and/or entities are
This Lien is being filed pursuant the Office of the Recorder of the Couhundred and eighty (180) days after tundersigned individual executing this the penalties of perjury, hereby state	patient's illness or injury causing the hospital to the Hospital Lien Law, I.C. Section 32-33-4 in unty in which the Hospital is located, within one he patient was discharged from the Hospital. The instrument, having been duly sworn upon oath, under es that the Hospital intends to hold the Hospital e facts and matters set forth in the foregoing THE METHODIST HOSPITALS, INC. MELISSA VASQUEZ
I MELISSA VASQUEZ, b	eing a <u>Patient Representative</u> for The Methodist oath, says that the facts stated in the foregoing
Subscribed and sworn to before me My Commission Expires:	MELISSA VASQUEZ

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.

This Instrument Prepared By:

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

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