STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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MICHELLE R. FAJMAN , RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410
SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	DANYELE BRUNSON DANYELE BRUNSON 1168 PENNSYLVANIA ST 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			
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:			
1. and was dis 2.	The patient was admitt scharged from the hospit The amount due for host talization is ONE THOUSE 19.00 Dollars	ed to the hospital on JANUA al on JANUARY 5, 2010. pital care, treatment or ma SAND ONE HUNDRED NINE 00/10	ARY 5, 2010. aintenance during the
stay:	To the best of the Hosesentative claims that damages arising from the company of the company of the Hosesentative claims that the company of the Hosesentative claims that the company of the Hosesentative claims that the Hosesentative claims that the company of the Hosesentative claims that the Hosesentative claims the Hosesentative claims that the Hosesentative claims the Hosese	pital's knowledge, the pati the following named ind the patient's illness or	ividuals and/or entities are injury causing the hospital
hundred and undersigned the penalti Lien as de	l eighty (180) days aft individual executing to es of perjury, hereby	er the patient was discharated his instrument, having been	Law, I.C. Section 32-33-4 in pital is located, within one rged from the Hospital. The n duly sworn upon oath, under intends to hold the Hospital set forth in the foregoing
STATE OF IN) ss:	(1) BY MELISSA VASQUEZ	Vasaves
COUNTY OF L	AKE) SA_VASQUEZ	heing a Rebient P	
Hospitals, are true and	Inc., being duly sworn	upon oath, says that the f	sentative for The Methodist acts stated in the foregoing
On Oak a	114	(2) MELISSA) VASQUEZ	lagnez
Subscribed and sworn to before me, a Notany Public, this day of			
My Commission (Market Commission)	expires:	A Resident of	Notary Jublic 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.			
	ent Prepared By:		Ok 16095

Earle F. Hites, Attorney at Law

8700 Broadway, Merrillville, IN 46410

Official Seal ANNETTE M. PEREZ
Resident of Lake County, IN
My commission expires
August 28, 2014