STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD 2010 042328 2010 JUL 21 PM 1:18

Acct#200488293

MICHELLE B. FAJMAN

Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Maianais Patton			
Patient:	Maianais Patton 7589 Morton St.	Attor	ney:	<u> </u>
	Merrillville, IN	<u>464</u> 10		
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	a	Indiana Department of 311 W. Washington St Suite 300 Indianapolis, Indian	treet
IN 46402, i		spital Lien for	all reasonable and	500 Grant Street, Gary, necessary charges for as follows:
2. above hospi	charged from the hos	pital on <u>Apri</u> nospital care, tr <u>hundred</u> twel	eatment or maintenar	nce during the
3. legal repre	To the best of the I sentative claims th	Hospital's knowle at the following		the patient's s and/or entities are causing the hospital
the Office hundred and undersigned the penalti Lien as de	of the Recorder of eighty (180) days individual executing es of perjury, herel	the County in wafter the patieng this instrument by states that t	which the Hospital in the was discharged from the having been duly the Hospital intends	is located, within one from the Hospital. The sworn upon oath, under to hold the Hospital orth in the foregoing
		THE ME	THODIST HOSPITALS, I	INC.
STATE OF IN	DIANA)) ss:	(1) BY:	Milica Trosper	esper
COUNTY OF LA	AKE)			
Hospitals, are true and	d correct.	rn upon oath, sa	ys that the facts s Milica Trosper	e for The Methodist tated in the foregoing
My Commission	-		Sura Stone	otary Public County
marcha	34,2011 <u> </u>			
I affirm, u each social	nder the penalties security number in t	for perjury, tha his document, un	t I have taken reas less required by law	sonable care to redact
This Instrur	ment Prepared By:	Earle F. Aites, 8700 Broadway, M	Attorney at Law errillville, IN 4641	Ok 16355 11- fr
			and the constraint of the cons	