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, MICH. JUMAN RECURDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Lewis Hernandez Lewis Hernandez 134 Jamestown Valparaiso, IN 463	Attorney			
Lake County 2293 North 1	Lake County, Indiana Government Center Main Street , Indiana 46307	311 Sui	iana Department W. Washington Stee 300 lianapolis, India	treet	
IN 46402, i		spital Lien for al	l reasonable and	600 Grant Street, Gar necessary charges f as follows:	
above hospit (\$ 3,0 3. legal repre		pital on <u>September</u> nospital care, treat Thousand Twenty-Thr ars. Hospital's knowledge at the following n	ment or maintena ee and 50/100 e, the patient or amed individual	nce during the	
This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the Office of the Recorder of the County in which the Hospital is located, within one hundred and eighty (180) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having been duly sworn upon oath, under the penalties of perjury, hereby states that the Hospital intends to hold the Hospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct.					
THE METHODIST HOSPITALS, INC.					
STATE OF IN	DIANA)	(1) BY:	Angle Djukic	Rich	
COUNTY OF LA) ss:			-	
				ve for The Methodi stated in the foregoi RUN	
	ribed and sworn to be n , 2010.	-	Public, this <u>27</u> g Stork	day of	
My Commission	on Expires:	- •		Notary Public	
marcha	14,2011	A Residen	t of <u>Lake</u>	County	
I affirm, u	nder the penalties security number in	for perjury that I	I have taken reass required by la	sonable care to reda	ıct
This Instru	ment Prepared By:	Earle F. Hites, Att 8700 Broadway, Merr			(Voft
			(EGEAL)	Official Seal LISA STONE Resident of Lake County, IN My commission expires March 24, 2011	

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