2010 060500

2010 OCT 18 PM 1: 22

100346119

Patient:

TO:

MICHELLE ALFAJMAN RECORDER

Return To:

Maurice Crawford

Maurice Crawford 3853 Delaware St

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

Gary, IN 46409	
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 Hos	at THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, spital Lien for all reasonable and necessary charges for tenance of the above listed patient as follows:
and was discharged from the hosp:	ospital care, treatment or maintenance during the ousand Seven Hundred Eighty-Six
3. To the best of the Holegal representative claims that	ospital's knowledge, the patient or the patient's the following named individuals and/or entities are the patient's illness or injury causing the hospital
the Office of the Recorder of hundred and eighty (180) days a undersigned individual executing the penalties of perjury, hereb	the County in which the Hospital is located, within one after the patient was discharged from the Hospital. The this instrument, having been duly sworn upon oath, under by states that the Hospital intends to hold the Hospital hat the facts and matters set forth in the foregoing
	THE METHODIST HOSPITALS, INC.
	March Mai Diah
STATE OF INDIANA)	(1) BY: Ungu Aurich Angle Djulich
COUNTY OF LAKE)	
	, being a <u>Patient Representative</u> for The Methodist rn upon oath, says that the facts stated in the foregoing (2) Andie Dichight
Subscribed and sworn to be Och Dell , 2010.	fore me, a Notary Public, this 300 day of Store Store
My Commission Expires:	Notary Public A Resident of Lake County
march 24,2011	A Resident of County
I affirm, under the penalties a each social security number in t	for perjury, that I have taken reasonable care to redact this document, unless required by law.
This Instrument Prepared By:	Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410
	Official Seal LISA STONE Resident of Lake County, IN My commission expires Varch 24, 2011