STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2010 075879

2010 DEC 22 PM 1: 44

100347653

TO:

MICHEL P FAJMAN RECORDER

Return To:

Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

ro: Patient:	Tiffany N Williams Tiffany N Williams Attorney:			
	1880 Mississippi S Gary, IN 46407	<u></u> #110		<u> </u>
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	31 Su	diana Department of 1 W. Washington Str ite 300 dianapolis, Indiana	reet
You a IN 46402, :	re hereby notified t	hat THE METHODIST I	HOSPITALS, INC., 60 ll reasonable and r	O Grant Street, Gary, necessary charges for
2. above hospi (\$ 59 3. legal repre		pital on <u>Septembe</u> hospital care, trea Hundred Ninety-Two s. Hospital's knowledg at the following	er 05, 2010 . thent or maintenance and 25/100 ge, the patient or to the patient or	ce during the
the Office hundred and undersigned the penalti Lien as de	of the Recorder of d eighty (180) days individual executin es of perjury, here	the County in whi after the patient g this instrument, by states that the that the facts ar	ch the Hospital is was discharged fro having been duly se Hospital intends	C. Section 32-33-4 in s located, within one om the Hospital. The worn upon oath, under to hold the Hospital oth in the foregoing
STATE OF IN			ODIST HOSPITALS, IN ANGLE DJUKACH	
COUNTY OF L) ss:			-
Hospitals, are true an	Inc., being duly swo	orn upon oath, says	that the facts st	e for The Methodist ated in the foregoing
	on Expires:	Kung	y Store	otary Public
_	24, 2011	A Reside	ent of <u>Lake</u>	County
I affirm,	/			onable care to redact
This Instru	ment Prepared By:	Earle F. Hites, At 8700 Broadway, Mer	rrillville, IN 46410	
AMOUN CASH CHECK			SEAL)	cial Seal A STONE ident of Lake County, IN commission expires on 24, 2011

188954

CASH_ CHECK #. OVERAGE. COPY_ NON-COM. CLERK_