STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2011 012470

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200571852

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	DEANDRE HUDSON		
Patient:	DEANDRE HUDSON	Attorney:	
	803 PIERCE ST		
	GARY, IN 46402		
		·	
Recorder of Lake County	E Lake County, Indian / Government Center		ana Department of Insurance V. Washington Street
2293 North	Main Street	Suite	2 300
	, Indiana 46307		napolis, Indiana 46204
TIN 40402,	are, treatment or main	ospital Lien for all ntenance of the above	PITALS, INC., 600 Grant Street, Gary reasonable and necessary charges fo listed patient as follows:
1. and was dis	The patient was adm	itted to the hospital pital on <u>December 30</u>	on December 30, 2010
2.	The amount due for	December 30	2010
	talization is Two t	housand two hundred ni	ent or maintenance during the
(\$ 2,			
3.	To the best of the	tospital s knowledge	the patient or the patient's
legal repre	esentative claims th	at the following name	ed dindividuals and/or entities ar
liable for	damages arising fro	m the patient's ill	ness or injury causing the hospita
stay:	3	pacient 5 iii	mess of injury causing the hospita
nundred and undersigned	d eighty (180) days individual executing	the County in which after the patient was a this instrument, have	tal Lien Law, I.C. Section 32-33-4 i the Hospital is located, within on discharged from the Hospital. Th ring been duly sworn upon oath, unde
circ periarea	es or her arty, merel	OV States that the Ho	ognital intende to beld the H
arch as de	scribed above and	that the facts and r	matters set forth in the foregoin
statement a	re true and correct.		The the tolegoth
		THE METHODI	ST HOSPITALS, INC.
		The Contract of the	
STATE OF IN	ענעע דע	(1) BY: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
JIAIL OF IN		DIAN H	ALL
COUNTY OF L) SS:		
, , , , , , , , , , , , , , , , , , ,	AILE)	E SEAL TO LET	
I DIA	N HALL	VOIAN ALLES	Patrick B
Methodist H	ospitals, Inc., being	duly sworn upon oath	Patient Representative for Th h, says that the facts stated in th
foregoing a	re true and correct.	3 dary butti apon oati	yays that the facts stated in th
_		(2) I Shant	la l
		DIAN HALL	
7 /Subsc:	ribed and sworn to be	fore me, a Notary Publ	lic. this \sqrt{a} day of
1 will	Mf, 2011.		day of
	/	(MM.	ITBII! PINOL
1 _M Commissio	on Expires:		Notary Public
lleger	128,2014	A Resident o	of Mile County
	, , , , , , , , , , , , , , , , , , , ,		
arrirm, u	nder the penalties f	for perjury, that I h	ave taken reasonable care to redac-
ach social	security number in t	his document, unless r	required by law.
	ment Prepared By:	6	- -
1115 CI UII		Famile F. "	
		Earle F. Hites, Attorn	ney at Law
	. 1	8700 Broadway, Merrill	lville, IN 46410

AMOUNT \$_____CHARGE____CHECK #_____OVERAGE____COPY____NON-COM_____O

NON-COM_______CLERK_________

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

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