STALE OF INDIANA LAKE COUNTY FILED FOR RECORD

2011 012892

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T LEGMAN MIUNTECUNDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Ernest L Collins Ernest L Collins 5012 Adams St Gary, IN 46408	Attorney:	Ronald F Layer 1160 Joliet St Dyer, IN 46311	#201
Lake County 2293 North 1	Lake County, Indiana Government Center Main Street , Indiana 46307	311 V Suite	ana Department of W. Washington Stre e 300 anapolis, Indiana	et
IN 46402, in hospital case and was discontinuous case and was discontinuous case and was discontinuous case and was discontinuous case and was case	re hereby notified that notends to hold a Hospi re, treatment or mainten. The patient was admitted that the patient was admitted that the amount due for hospitalization is Eight Humber 100 the best of the Hospitalization is Eight Humber 100 the best of the Hospitalization is Eight Humber 100 the Hospitalization is being filed pursue of the Recorder of the eighty (180) days after individual executing the sof perjury, hereby above and that the true and correct.	tal Lien for all lance of the above the dot the hospital of the patient of the Hospital suant to the Hospital county in which are the patient was instrument, has states that the Hospital states the Hospital states that the Hospital states the Hospital states that the Hospital states that the Hospital states the Hospital states that the Hospital states the Hospital states that the Hospital states the Hospital states that the Hospital states the Hos	on February 04,  1, 2011  ent or maintenance d 25/100  the patient or the individuals lness or injury of the Hospital is s discharged from ving been duly swospital intends to	ecessary charges for follows:  2011  during the  e patient's and/or entities are ausing the hospital  Section 32-33-4 in located, within one the Hospital. The orn upon oath, under a hold the Hospital
STATE OF INI		(1) BY:	IST HOSPITALS, INC MUL DI U Angie Djukijch	rich
COUNTY OF LA		being a Patient	Pankagantatian	
	Inc., being duly sworn	upon oath, says th	at the facts state	for The Methodist ted in the foregoind
Elmany	ribed and sworn to befor, 2011.	e me, a Notary Pub	, <del></del>	day of
My Commissio	on Expires:	A Resident		ary Public County
I affirm, u	nder the penalties for security number in this	perjury, that I document, unless	have taken reason required by law.	able care to redact

This Instrument Prepared By:

Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410

AMOUNT \$. CASH\_ CHECK #. OVERAGE COPY-NON-COM CLERK-



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