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2011 AUG 17 AM 9: 11

MICHELLE F. FAJMAN RECORDER

ACCOUNT# 100405282

Official Seal

SEAL)

LISA M. STONE
Resident of Lake County, IN
My commission expires
March 24, 2019

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	VINCENT FORD VINCENT FORD 4234 w. 10TH AVE GARY, IN 46404	Attorney:	
Lake County 2293 North	f Lake County, Indiana y Government Center Main Street t, Indiana 46307	311 W Suite	na Department of Insurance . Washington Street 300 napolis, Indiana 46204
IN 46402,	intends to hold a Hosp.	ital Lien for all :	PITALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for listed patient as follows:
above hospi (\$ 1, 3. legal repr	italization is ONE THOU 268.50 Phollars To the best of the Hos esentative claims that	al on <u>June 10,</u> pital care, treatme SAND TWO HUNDRED SI pital's knowledge, the following name	2011 . nt or maintenance during the
the Office hundred and undersigned the penalt. Lien as de	of the Rec <mark>order of th</mark> d eighty (180) days aft d individual executing t ies of perjury, hereby	e County in which ter the patient was his instrument, hav states that the Hot the facts and f	tal Lien Law, I.C. Section 32-33-4 in the Hospital is located, within one discharged from the Hospital. The ring been duly sworn upon oath, under spital intends to hold the Hospital matters set forth in the foregoing ST HOSPITALS, INC.
STATE OF IN) ss:		A HOLLAND
being duly correct.	sworn upon oath, says	(2) SANDRATE me, a Notary Pub.	for The Methodist Hospitals, Inc., ated in the foregoing are true and Abland A HOLLAND Lic, this 2777 day of
	on Expires:	A Resident	MS force Notary Public County
-	24,2019		
	under the penalties for security number in thi		ave taken reasonable care to redact required by law.
		rle F. Hites, Attori 00 Broadway, Merril	

CASH.___

CHECK #_

OVERAGE. COPY_

NON-COM_ CLERK_

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