## 2011 044129

2011 AUG 17 AM 9: 12



MICHELLE AJMAN RECORDER

#200642444

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410
SWORN STATEMENT & NOTICE OF INTERMEDIAN TO THE PROPERTY TO THE PROPERTY

	BUCKN STATEMENT	& NOTICE OF INTENTION TO HOLD HOSPITAL LIEN
TO:	CANDACE CEDANO	<del></del>
Patient:	CANDACE CEDANO	Attorney:
	1213 W OLDRIGE ROAD	
	HOBART, IN 46342	
Recorder o	f Lake County, Indian y Government Center	Deparement of Instrance
2293 North	Main Street	311 W. Washington Street
Crown Point, Indiana 46307		Suite 300
		Indianapolis, Indiana 46204
hospital c	are, treatment or mai:  The patient was adm	hat THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, espital Lien for all reasonable and necessary charges for intenance of the above listed patient as follows: itted to the hospital on JULY 06, 2011.
and was di	scriarded rroug rue vosi	oltal on alliy 06 2011
Ine amount due for hospital care, treatment and the second		
(4 2,7.	36.00 ) Dollars	HOUSAND SEVEN HUNDRED THIRTY-SIX 00/100
3.	To the best of the I	Hospital's knowledge, the patient or the patient's
liable for stay:		at the following named individuals and/or entities are method patient's illness or injury causing the hospital
This	Lien is being filed	pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in
	· TIGIVIAGA EXECULATION	I VIIIS IDSERUMENT horring been J. J.
	re true and correct.	that the facts and matters set forth in the foregoing
	.10 orac ana correct.	
		THE METHODIST HOSPITALS, INC.
		MO 1 ° 1/0
CE3.555		(1) BY: Alla Vasa Vasa
STATE OF IN		MELISA VASQUEZ
COUNTY OF L	) SS:	
	)	WOLANA STITE
I MELISSA VASQUEZ , being a Patient Perrecentative for Wha Mail I		
Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing		
are true and correct.		
		(2) Melison Vasanle
Subsc	ribed and sworn to be	MELISSA WASQUEZ fore me, a Notary Public, this 250 day of
July	, 2011.	fore me, a Notary Public, this O day of
No.		Dusa M. Stone
My Commissi	on Expires:	Notary Public
march.	24,2019	A Resident of Sunc County
I affirm. u	inder the penaltics f	
each social	security number in the	or perjury, that I have taken reasonable care to redact nis document, unless required by law.
This Instrument Prepared By:		
	, -	Earle F. Hites, Attorney at Law
Δ	MOUNT \$ - SUNDCE	B700 Broadway, Merrillville, IN 46410
	ASHCHARGE	
Č	HECK#	
	OVERAGE	E Official Seal
•	COPY	(₹(SEAL)) Resident of Lake County, IN
	NON-COM 770	My commission expires March 24, 2019

NON-COM\_AO