STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

#100412476

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2011 AUG 17 AM 9: 12

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Hodges & Davis, P.C.

8700 Broadway, Merrillvine, In 46410 MAN

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIED HULL

TO:	JULIAN C BROWN	
Patient:	JULIAN C BROWN	Attorney:
	1906 W 86 TH AVE	
	MERRILLVILLE, IN 46410	
Lake Count 2293 North	of Lake County, Indiana y Government Center Main Street ot, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
IN 46402,	intends to hold a Hospi are, treatment or mainten	THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, tal Lien for all reasonable and necessary charges for ance of the above listed patient as follows:
1. and was di	The patient was admitte scharged from the hospita	d to the hospital on JULY 15, 2011.
2.	The amount due for hosp italization is ONE THOUS	ital care, treatment or maintenance during the AND TWO HUNDRED TWO 00/100
3. legal repr	To the best of the Hosp resentative claims that	ital's knowledge, the patient or the patient's the following named individuals and/or entities are help patient's illness or injury causing the hospital
the Office nundred an undersigne the penalt Lien as d	e of the Recorder of the nd eighty (180) days afte d individual executing th sies of perjury, hereby s	uant to the Hospital Lien Law, I.C. Section 32-33-4 in County in which the Hospital is located, within one or the patient was discharged from the Hospital. The is instrument, having been duly sworn upon oath, under states that the Hospital intends to hold the Hospital the facts and matters set forth in the foregoing
STATE OF I COUNTY OF I) ss:	the Methodist Hospitals, Inc. (1) BY MELIASA VASQUEZ being a Patient Representative for The Methodist
		upon oath, says that the facts stated in the foregoing
are true a	nd correct.	1 .
Ty Commiss	cribed and sworn to before, 2011. ion Expires:	MELISTA VASQUEZ e me, a Notary Public, this 25 W A Resident of Sane Notary Public County
I affirm, each socia	under the penalties for l security number in this	perjury, that I have taken reasonable care to redact document, unless required by law.
This Instr	ument Prepared By:	25
	11 8701	F. Hites, Attorney at Law Broadway, Merrillville, IN 46410
	AMOUNT \$ CHARGE	
	CASH	
	CHECK #OVERAGE	Official Seal LISA M. STONE Resident of Lake County, IN
	COPY	My commission expires
	NON-COM	March 24, 2019