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MICHEROCONDER RECORDER

#100410613

Return To: Hodges & Davis, P.C.
8700 Broadway, Merrillville, IN 46410
SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	IDELL CROCKETT		
racient:	3745 W 20 TH PL	Attorney:	
	GARY, IN 46404		
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307		Indiana Departmen 311 W. Washington Suite 300 Indianapolis, Ind	n Street
IN 40402,	are hereby notified that THE M intends to hold a Hospital L are, treatment or maintenance o	ien for all reason	, INC., 600 Grant Street, Gary able and necessary charges for patient as follows:
above hosp (\$ 846 3. legal repr	To the best of the Hospital's resentative claims that the for	JULY 06, 2011. care, treatment or FORTY-SIX 25/100 s knowledge, the pa ollowing named in	maintenance during the
stay:	- the rake	Territory Attends to	causing the nospita.
hundred and undersigned the penalt Lien as de	d eighty (180) days after the individual executing this in ies of perjury, hereby states	ty in which the Ho patient was disch strument, having be that the Hospital	en Law, I.C. Section 32-33-4 in ospital is located, within one harged from the Hospital. The een duly sworn upon oath, under intends to hold the Hospital set forth in the foregoing
		THE METHODIST HOS	DTTALC TWO
		TAIS INSTITUTE HOS	PITALS, INC.
STATE OF IN	NDIANA)	BY: MELISEA VASQUI	a Valgues
COUNTY OF I) ss:		0.0
-	,	MOLANA JULI	
I MELISSA VASQUEZ , being a Patient Representative for The Methodist			
Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.			
-,		$\langle M_{A} \rangle$	1/2222
	(2)	Hullissa	- 1000 1002
Subscribed and sworn to before me, a Notary Public, this 250 day of			
	· · · · · · · · · · · · · · · · · · ·	Kung M-Ston	L
My Commissi	on Expires:	A Resident of	Notary Public
March	24, 2019	A Resident of	County
I affirm, neach social	under the penalties for perjusted security number in this docum	ry, that I have ta ent, unless require	aken reasonable care to redact ed by law.
This Instru	ment Prepared By:	~ 2	
AMOUNT CASH	S CHARGE 8700 Broa	es, Attorney at Law dway, Merrillville,	, IN 46410
CHECK	#		
OVERAL COPY			Official Seal LISA M. STONE
NON-C	OM_HO		Resident of Lake County, IN My commission expires
CLERK			March 24, 2019

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NON-COM_AO