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MICHELLE IL FAJMAN RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Mary Williams		
Patient:	Mary Williams	Attorney:	
	117 Kemp St		
	Pontiac, MI 48342		
Lake County 2293 North	f Lake County, Indiana y Government Center Main Street c, Indiana 46307	Indiana Department of Insurar 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204	ice
IN 46402,	intends to hold a Hos	at THE METHODIST HOSPITALS, INC., 600 Grant pital Lien for all reasonable and necessary enance of the above listed patient as follow	v charges for
1. and was dis	The patient was admischarged from the hosp.	ted to the hospital on May 23, 2011 tal on May 23, 2011	
2. above hospi (\$ 8,	The amount due for he talization is <u>Eight!</u> 995.25) Dolla: To the best of the He	spital care, treatment or maintenance during housand Nine Hundred Ninety-Five and 25/100 s. spital's knowledge, the patient or the patie	ent's
<pre>legal repre liable for stay:</pre>	esentative/claims tha	the following named individuals and/or the patient's illness or injury causing	ontitios are
hundred and undersigned the penalti Lien as de	of the Recorder of the delays and individual executing testing testing testing testing the second of the delay testing testing the second execution of the delay testing testi	rsuant to the Hospital Lien Law, I.C. Sectine County in which the Hospital is located ter the patient was discharged from the Hothis instrument, having been duly sworn upostates that the Hospital intends to hold at the facts and matters set forth in the	d, within one ospital. The n oath, under
		THE METHODIST HOSPITALS, INC.	
		11 Specific De Land	
STATE OF IN	DIANA)	(1) BY: OICK Kudek	
COUNTY OF L) ss:	Vicki Ruder	
I V	icki Ruder	heing all Patient Dennegantation Co.	
Hospitals,	Inc., being duly swor	upon oath, says that the facts stated in	he Methodist the foregoing
		(2) Cicketuder	
Subsc	ribed and sworn to bef	(2) Sicke Ruder Vicki Ruder day of	
-july		Two M. Stone Notary Pub.	
My Commissi	on Expires:	Notary Pub	
	124,2019	A Resident of Lake Coun	ty
I affirm, u	under the penalties for security number in th	r periury, that I have taken reasonable ca	re to redact
	ment Prepared By:	rle F. Hites, Attorney at Law 00 Broadway, Merrillville, IN 46410	
		7,	
	I In later of	Official Seal	

AMOUNT \$-CHARGE. CASH___ CHECK #. OVERAGE. COPY_ NON-COM.

CLERK_

AD

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

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