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ACCOUNT# 1	100407200	Mic	REGUNDER AN
ACCOUNT# .	Return To:	Hodges & Davi	
8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN			
TO: Patient:	BARRY HILL BARRY HILL 1243 150TH ST. HAMMOND, IN 46327	Attorney:	
Lake County 2293 North	f Lake County, Indiana y Government Center Main Street t, Indiana 46307	311 W. Wa Suite 300	Department of Insurance ashington Street Delis, Indiana 46204
You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hospital Lies for a linear enable and metessary charges for hospital care, treatment or maintenance of the first sted range of the follows:			
and was discharged from the hospital on June 21, 2011 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is NINE HUNDRED SEVENTY THREE 50/100 V (\$ 973.50) Dollarse Lake County Recorder! 3. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the following named individuals ang/or entities are liable for damages arising from the patient's illness or injury causing the hospital stay:			
This Lien is being filed pursuant to the Hospital Lien Law, 1.C. Section 32-33-4 in the Office of the Recorder of the County in which the Hospital is located, within one hundred and eighty (180) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having been duty sworm upon oath, under the penalties of perjury, hereby states that the Hospital Internal to hold the Hospital Lien as described above and that the lacts and matters set to the in the foregoing statement are true and correct. THE METHODIST HOSPITALS, INC.			
STATE OF I) ss:	BY: SANDRA HO	ra Holland
being duly correct.	sworn upon oath, says that	the facts state	or The Methodist Hospitals, Inc., d in the foregoing are true and local dollard
$_{\Lambda}$ Subscribed and sworn to before me, a Notary Public, this $\mathcal{S}^{\prime \prime \prime \prime \prime}$ day of			
My Commiss:	ion Expires:	A Res dent of	Store Same Notary Public County
I affirm, under the penalties for per ury, that I have taken reasonable care to redact each social security number in this document, unless required by raw.			
This Instr	ument Prepared By: Earle F	Hites, Autorney	at Law

8700 Broadway, Merrillville, IN 46410

AMOUNT \$_ CASH____ CHECK #_ OVERAGE_ COPY_ NON-COM_ CLERK___ 183

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