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FILED FOR RECORD

2011 AUG 18 PM 2: 52

ACCOUNT# 100407220

MIL haudhdeh

	Return To:	ноdges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410
<u>s</u>	WORN STATEMENT & NOT	ICE OF INTENTION TO HOLD HOSPITAL LIEN
TO:	REGGIE GRAY JR.	
Patient:	REGGIE GRAY JR.	Attorney:
	564 HAMLIN ST. GARY, IN 46406	
	f Lake County, Indiana	Indiana Department of Insurance 311 W. Washington Street
Lake County Government Center 2293 North Main Street		Suite 300
	t, Indiana 46307	Indianapolis, Indiana 46204
IN 46402, hospital ca	intends to hold a Hospi are, treatment or mainten The patient was admitte scharged from the hospita	THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, tar Lien for all reasonable and necessary charges for ance of the above listed patient as follows: d to the hospital on June 21, 2011 on June 21, 2011 ital care, treatment or maintenance during the
(\$ 8	italization is Fight HUN	DRED SEVEN 25/10 property of Lital's knowledge, the patient or the patient's
	resentative claims that	the following named individuals and/or entities are he patient's illness or injury causing the hospital
the Office hundred an undersigned the penalt Lien as d	of the Recorder of the d eighty (180) days afte d individual executing th ies of perjury, hereby s	Suant to the Hospital Lien Law, I.C. Section 32-33-4 in a County in which the Hospital is located, within one are the patient was discharged from the Hospital. The his instrument, having been duly sworn upon oath, under states that the Hospital intends to hold the Hospital in the facts and matters set forth in the foregoing. THE METHODIST HOSPITALS, INC.
STATE OF I) ss:	SANDRA HOLLAND
I <u>SA</u> being duly	NDRA HOLLAND, being a Pa	tient Representative for The Methodist Hospitals, Inc., that the facts stated in the foregoing are true and
correct.		(2) Sandra Holland SANDRA HOLLAND
Cayues	, ZU:1.	A Resident of San Notary Public SANDRA HOLLAND A Resident of San Notary Public County
My Commiss	ion Expires:	A Posident of Jaku Notary Public
Mach.	24,2619	A Resident of county
		perjury, that I have taken reasonable care to redact suggestion, unless required by law.

This Instrument Propared By:

Ear. F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410

AMOUNT \$_ CASH___ CHECK #_ OVERAGE. E COPY_ NON-COM_ CLERK_



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