EARE POUNTY FILED FOR RECORD

2011 044631

2011 AUG 18 PM 2: 52

ACCOUNT# 100405501

MIC. RECOMDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	DONOVAN HENDERSON DONOVAN HENDERSON 1971 MONROE LANE GARY, IN 46407	Attorney:		
Lake County 2293 North!	Lake County, Indiana Government Center Main Street , Indiana 46307	311 W Suite	na Department of . Washington Str 300 napolis, Indiana	eet
IN 46402, i hospital cas	re hereby notified that ntends to hold a Hospire, treatment or mainter. The patient was admitted that the charged from the hospital the amount due for hospital the mount due for hospital the amount	tal Lien for all mance of the above OCUMENT 18 ed to the hospital	reasonable and relisted patient a on June 12, 2	necessary charges for s follows:
above hospi (\$ 87) 3. legal repre	talization is EIGHT HUN 2.00) Dollars. To the best of the Hosp esentative claims that damages arising from t	NORSENSEVEN THE TWOOD KE COUNTY REGENT the following name	the patient or ted individuals	ne patient's and/or entities are
the Office hundred and undersigned the penalti Lien as de) ss:	e County in which er the partent was his instrument, have states that the Hot the facts and THE METHODI	the Hospital is discharged fro ging been duly s ospital intends	located, within one methodology the Hospital. The worn upon oath, under to hold the Hospital the in the foregoing C.
	DRA HOLLAND, being a Pa sworn upon oath, says	that the facts st		regoing are true and
Subsc Cugust My Commission		re π., a Notary Pub	nostone of Lane	
each social This Instru	OUNT \$		mey at Law lville, IN 46410	
CO OAI CHE	ERAGE E		SEAL Res	ficial Seal A.M. STONE ident of Lake County, IN commission expires rch 24, 2019

1955-12

COPY____NON-COM_ CLERK_