DAME DE HOTANO LAME COUNTY FILED FOR PECORD

2011 044640

2011 AUG 18 PM 2:53

ACCOUNT# 100384892

	D - +	Maria Hadana	nticity)	MUCH	
	Return	-	& Davis, P.C.	llville, IN 4	6410
SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN					
TO: Patient:	KINZEI HEATH KINZEI HEATH 322 GRANT ST. GARY, IN 46402	Attorne	y:		
Lake Coun 2293 Nort	of Lake County, Indian ty Government Center h Main Street nt, Indiana 46307	31 Su	diana Departme 1 W. Washingto ite 300 dianapolis, Ind		9
IN 46402,	are hereby notified to intends to hold a Hocare, treatment or mai	spital Lien for a	ll reasonable	and necessary	charges for
above hos (\$ 3. legal rep	The patient was admischarged from the hose the amount due for pitalization is ONE T 1,254.75 Doll To the best of the presentative claims the presentative claims from the presentative claims the presentative claims from the presentative claims from the presentative claims from the presentative claims from the presentative claims the presentative claims from the presentative claims the present	nospital on March 07 hospital care, trea housand Two Hundred ars Lake County Hospital's knowled; at the following	tment or maint EFIFTY FOURY 75 Recorder e, the patient named individ	enance during to 100 or the patient duals and/or e	 c's ntities are
the Office hundred a undersign the penal Lien as	s Lien is being filed ce of the Recorder of and eighty (180) days ed individual executing ties of perjury, here described above and are true and correct.	the County in whi after the patient g this instrument, by states that the that the facts as	ch the Hospita was discharged having been du Hospital intend matters set	al is located, d from the Hos aly sworn upon ends to hold to forth in th	within one pital. The oath, under he Hospital
			ODIST HOSPITAL	S, INC.	
STATE OF	TNICLTANIA		andra NDRA HOLLAND	Holland	· —
COUNTY OF) ss:	SEAL WOLANA	IIII		
being dui	SANDRA HOLLAND, being a ly sworn upon oath, s	ays that the facts (2) $\lesssim 10^{-10}$	s stated in the	ne foregoing as	
Ourgue Sub	escribed and sworn to b	efore me, a Notary	Public, Unis ,	and day of	
	sion Expires:		111137016	Notary Publi	i c
March	24,2019	A Reside	ent of <u>Ma</u>	12 County	Y
	under the penalties al security number in				e to redact
This Instrument Prepared By:					
	-	Earlo F. Hites, At 8700 Broadway, Mer	_	46410	

AMOUNT \$_ OVERAGE. COPY_ NON-COM CLERK_

E



195567