LCE 868 41030

Official Seal LISA M. STONE

(SEAL)

Resident of Lake County, IN My commission expires March 24, 2019

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2011 045766

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MIGHE RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

	Brenda Cleveland Brenda Cleveland 9231 E. 6th Avenue Gary, IN 46403	Attor #307	ney:	
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307		Indiana Department of I 311 W. Washington Stree Suite 300 Indianapolis, Indiana 4	t
IN 46402, i	ntends to hold a Hos	spital Lien for	T HOSPITALS, INC., 600 all reasonable and necabove listed patient as	cessary charges for
above hospi (\$ 83	charged from the hosp The amount due for h talization is Fight 9.00) Dollars To the best of the H	ital on May 09 ospital care, tr hundred thirty r ospital's knowle	reatment or maintenance nine dollars dedge, the patient or the	patient's
<pre>legal repre liable for stay:</pre>	esentative claims that damages arising from	t the following the patient	g named dindividuals a s illness or injury ca	nd/or entities are using the hospital
the Office hundred and undersigned the penalti	of the Recorder of leighty (180) days a individual executing es of perjury, hereb	the County in the facts that the facts	Hospital Lien Law, I.C. which the Hospital is left was discharged from t, having been duly swothe Hospital intends to and matters set forth	located, within one the Hospital. The rn upon oath, under hold the Hospital in the foregoing
		(1) BY:	Janey Farri	es
STATE OF IN) ss:	SEAL MOIAN	in the state of th	
IHospitals, are true an	Inc., being duly swo:	on upon oath, sa	tient Representative ays that the facts state Nancy Farri	ed in the foregoing
Subsc	ribed and sworn to be, 2011.		ry Public, this 9th	
My Commissi	on Expires:	A Res.	June M. Stone Nota	ry Public County
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.				
	ment Prepared By:	Earle F. Hites,	Attorney at Law Merrillville, IN 46410	
A	MOUNT \$			

_CHARGE

E

CASH____CHECK#

COPY-NON-COM. CLERK_

OVERAGE.