2011 045769

MICHICAL EN TAJMAN RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

10;	Grant Anderson		
Patient:	Grant Anderson 4353 Kentucky Street	Attorney:	-
	Gary, IN 46409		
Lake County 2293 North	f Lake County, Indiana y Government Center Main Street t, Indiana 46307	311 W. Wash Suite 300	eartment of Insurance ington Street s, Indiana 46204
IN 46402,	intends to hold a Hosp	THE METHODIST HOSPITALS, ital Lien for all reason nance of the above listed	, INC., 600 Grant Street, Gary, able and necessary charges for patient as follows:
2. above hospi	scharged from the hospit The amount due for hos italization is _Two thou ,189.00/ Dollars	pital care, treatment or sand one hundred seighty	maintenance during the nine dollars
legal repr liable for stay:	esentative claims that	the following named in	ndividuals and/or entities are or injury causing the hospital
the Office hundred and undersigned the penalt. Lien as de	of the Recorder of th d eighty (180) days aft d individual executing t ies of perjury, hereby	e County in which the Hoter the patient was discheding the hospital states that the Hospital at the facts and matter	en Law, I.C. Section 32-33-4 in ospital is located, within one harged from the Hospital. The een duly sworn upon oath, under lintends to hold the Hospital s set forth in the foregoing
		(1) BY: Nancy Fa	Dames
STATE OF IN) ss:	SEAL MANCYO FA	rries
			esentative for The Methodiste, facts stated in the foregoing
Subsc	cribed and sworn to befo	re me, a Notary Public, t	his $\frac{q'''}{4\pi a}$ day of
-	ion Expires: <u>N 34,20</u> 19	A Resident of	Notary Public County
I affirm,	under the penalties for	r perjury, that I have t s document, unless requir	aken reasonable care to redacted by law.
This Instru	ument Prepared By:	2-	
AMC CAS CHE	11-	rle F. Hites, Attorney at 00 Broadway, Merrillville	, IN 46410 Official Seal
CO	ERAGEE		LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019

195705

NON-COM_ CLERK____