LAKE COUNT. FILED FOR RECORD

2011 047364

2011 AUG 30 PM 12: 14

200643622

Return To:

MICH RECORDER Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	DEXTER ROBINSON		
Patient:	DEXTER ROBINSON	Attorney:	
	3346 CRAIG DRIVE		
	HAMMOND, IN 46323		
	Lake County, Indiana Government Center		a Department of Insurance
-	Main Street	Suite	Washington Street
Crown Point, Indiana 46307 Indianapolis, Indiana 46204			
0101111101110	, Indiana 1050,	india.	apolis, indiana 40204
IN 46402,	intends to hold a Hos	sp <u>ital Lien for all r</u>	ITALS, INC., 600 Grant Street, Gary, easonable and necessary charges for isted patient as follows:
1.	The patient was admi-	tted to the hospital o	T. 7.7 2011
	scharged from the hosp		
2.			t or maintenance during the
	talization is Nine h	undred sixty five and	75/100
(\$ 96	55.75) Dollars	Joeument is the pr	operty of
3.		ospital's knowledge ct	he patient or the patient's
legal repr	esentative <mark>claims tha</mark>	t the following name	d individuals and/or entities are
liable for damages arising from the patient's illness or injury causing the hospital			
stay:			
This	Lien is being filed p	ursuant to the Hospit	al Lien Law, I.C. Section 32-33-4 in
the Office of the Recorder of the County in which the Hospital is located, within one			
			discharged from the Hospital. The
undersigned	l individual executing	this instrument, hav	i <mark>ng been duly s</mark> worn upon oath, under
			spital intends to hold the Hospital
Lien as de	escribed above and t	hat the facts and m	atters set forth in the foregoing
statement a	are true and correct.	THE REPUBLIC	III. HOODERAL O' TAIC O
		THE METHODIS	T HOSPITALS, INC.
		(1) BY: 10 1/1	ruda Dimolen
STATE OF IN	JDIANA)		la Simpson
) ss:	E Locus I	
COUNTY OF I	JAKE)	Morania Maria	
		MANAGER	
			ative for The Methodist Hospitals,
		h, says that the fac	ts stated in the foregoing are true
and correct		(2) Mala	of A. water
			da Simpson
Subsc	cribed and sworn to be		
Moun	,	iore me, a notary rus.	day of
	,	X11.2	all Stone
My Commissi	ion Expires:		Notary Public
127001		A Resident o	
<u> </u>	24,2019		
I affirm	under the nenalties f	or perjury that I b	ave taken reasonable care to redact
	l security number in t		
This Instru	ıment Prepared By:		
		Earle F. Hites, Attorr	
		8700 Broadway, Merrill	ville, IN 46410

AMOUNT \$. CASH_ CHECK #. OVERAGE. E COPY_ NON-COM. CLERK_

Official Seal LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019

195744