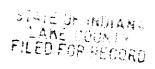
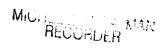
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Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

SEAL)

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	STEVE SAULE			
Patient:	STEVE SAULE	Attorney:		
	830 W 11TH AVE			
	Gary, IN 46402	 _		
			__\	
Recorder of	Lake County, Indiana	a Indiana	a Department of Insurance	
	Government Center		Washington Street	
	Main Street	Suite 3	300	
Crown Point	, Indiana 46307	Indiana	apolis, Indiana 46204	
IN 46402, hospital care and was discovered as a care and was discovered as a care and a	intends to hold a Hoare, treatment or main The patient was admissionable from the host The amount due for italization is Seven 63.75 Dollar To the best of the esentative claims the damages arising from the Recorder of deighty (180) days defindividual execution ies of perjury, here	itted to the hospital or object of the above like itted to the hospital or object of the above like itted to the hospital or object of the spital care, treatment hundred sixty three and so that the following named on the patient's illustrated the County in which the after the patient was go this instrument, having that the facts and make that the facts and make the facts	11 . t or maintenance during th	harges for ne s tities are e hospital 32-33-4 in within one ital. The bath, under ne Hospital
		THE METHODIS	T HOSPITALS, INC.	
		12 E Pro-	2/100	
STATE OF I	NICLE AND	4-4	anda Lymphon la Simpson	
STATE OF T	NDIANA) SS:	i sand	ia Simpson	
COUNTY OF		E SEAL STATE		
0001111 01	,	NOIANA		
I Yo	landa Simpson , beir	ig a Patient Represent	ative for The Methodist	Hospitals,
Inc., bein	g duly sworn upon oa	ith, says that the fact	ts stated in the foregoin	g are true
and correct	t.	11.ji		
		$(2) \qquad \qquad \int A(x)$	nda xumpuon	<u> </u>
_ ,		/Yoland	la Simpson / 07/1	
		efore me, a Notăry Publ		
<u> </u>	, 2011.	<i>√</i> -20	m Chan	
Mu Commiss	ion Expires:	<u></u>	Notary Public	
My COMMITSS	Ton Expires:	A Resident c	Motary Public fance County	U .
12anch	24,2019	11 Nooraciie o	odnicy	
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this occument, unless required by law.				
This Instrument Prepared By:				
Earle F. Hites, Attorney at Law				
, 8700 Broadway, Merrillville, IN 46410				
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CASH	UNANU GI		Official Seal) L

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CASH-

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CLERK.

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