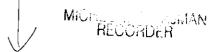


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Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	JERMAINE D SLOSS JERMAINE D SLOSS	Attorney:		
-	635 ILLINOIS ST GARY, IN 46402	<u> </u>		
-	GAR1, IN 40402			
Lake County 2293 North M	Lake County, Indiana Government Center Main Street Indiana 46307	311 W Suite	ana Department of Insurance W. Washington Street e 300 anapolis, Indiana 46204	
IN 46402, i hospital car  1. and was disc 2.	ntends to hold a Hoste, treatment or main  The patient was admitted amount due for home	spital Lien for all tenance of the above tted to the hospital ital onJuly 26, 20 ospital care, treatments	reasonable and necessary charges listed patient as follows:  on July 26, 2011  2011  ent or maintenance during the forty two and 00/100  the patient or the patient's	
(\$ 1,9	942,00 ) Dolla	rs.	Toperty of	
legal repre	sentative claims tha	at the following nam	the patient or the patient's ned individuals and/or entities lness or injury causing the hosp	
the Office hundred and undersigned the penaltic Lien as de	of the Recorder of eighty (180) days a individual executing es of perjury, hereb	the County in which after the patient was this instrument, have states that the H	tal Lien Law, I.C. Section 32-33- the Hospital is located, within s discharged from the Hospital. ving been duly sworn upon oath, a ospital intends to hold the Hosp matters set forth in the fores	one The under pital
Statement ar	re true and correct.	THE METHOD	IST HOSPITALS, INC.	
			A STATE OF THE STA	
STATE OF IN	DIANA )	(1) BY: //a/ Yolar	anda Yunglion nda Simpson	
COUNTY OF LA	) ss:	SEAL ST		
		VOIANA TITLE		
Hospitals,			Representative for The Methology hat the facts stated in the forec	
are true and	correct.	(2) <u>Jole</u>	ancia Singson	
	ribed and sworn to be	fore me, a Notary Pub	~~~~	
Mugust		A. in	on Stere	
My Commission	on Expires:		77	
March 3	34,2019	A Resident	of <u>Savik</u> County	
	nder the penalties factority number in t		have taken reasonable care to required by law.	edact
This Instru	ment Prepared By:	7		
	. 1	Earle F. Hites, Attor	<del>-</del>	
AMOU	NT S	8700 Broadway, Merril	TIVILLE, IN 40410	
CASH-	المراكبان المستسبب			-
CHEC OVER	K#		Official Seal LISA M. STONE	<b>}</b>
COb,	-COM		Resident of Lake County My commission expires March 24, 2019	y, 10

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OVERAGE. COPY\_ NON-COM\_

CLERK\_

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