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MICHA CONDER MAN

100406416

TO:

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Hewitt Theus			
Patient:	Hewitt Theus	Attorney:		
	2220 Harrison St.			
	Gary, IN 46407			
D	r -1 g			
	Lake County, Indiana Government Center		ana Department of Insurance	
	Main Street		W. Washington Street	
2293 North Main Street Suite 300 Crown Point, Indiana 46307 Indianapolis, Indiana 46204				
	,	Indic	maporis, indiana 40204	
IN 46402, i	intends to hold a Ho	spital Lien for all	PITALS, INC., 600 Grant Street reasonable and necessary char	t, Gary, rges for
	/	Document	listed patient as follows:	
1.	The patient was admi	tted to the hospital	on June 16, 2011	
2.	The amount due for h	oital on <u>June 16, 2</u> lospital care, treatme	ent or maintenance during the	
above hospi	talization is one th	ousand thirteen dolla	irs and 75/100	
(\$ 1,	OESTI DOLLA	ITD.	the patient or the patient's	
	esentative claims that	at the following nam	ned individuals and/or entit	tion are
liable for	damages arising from	m the patient's ill	lness or injury causing the l	hospital
stay:				
m1	* d			
the Office	of the Recorder of	the County in which	tal Lien Law, I.C. Section 32- the Hospital is located, wit	-33-4 in
hundred and	l eighty (180) days	after the patient was	s discharged from the Hospita	l. The
undersigned	individual executing	this instrument, har	ving been duly sworn upon oath	h under
the penalti	es of perjury, hereh	by states that the Ho	ospital intends to hold the B	Hospital
Lien as de	scribed above and t	hat the facts and	matters set forth in the fo	oregoing
	re true and correct.	THE PLANT		
		THE METHODI	IST HOSPITALS, INC.	
		(1) BY: WG	a Custi	
STATE OF IN	DIANA)		Curtis	
) ss:			
COUNTY OF L	AKE)	THE MOUNT OF THE		
Т ъ	kia Curtis	TANAMI TANAMI		
		, being a Pati	ient Representative for The Menat the facts stated in the fo	ethodist
are true and		in upon oath, says ci	C .	oregoing
		(2) <u>OKi</u>	Curtis Ada	
Subsc:	ribed and sworn to be	fore me, a Notary Pub	/ / 16/1	
Miguet	, 2011.	/ ~)		
0		_ Oung 1	17. Storio	
My Commission			Notary Public	
manch	7 24,2019	A Resident	of <u>Calle</u> County	
I affirm, u each social	under the penalties f security number in t	for perjury, that I hais document, unless	have taken reasonable care to required by law.) redact
This Instru	ment Prepared By:	2		
Earle F. Hites, Attorney at Law				
8700 Broadway, Merrillville, IN 46410				

CLERK_

AMOUNT \$.

CASH___

COPY_ NON-COM.

CHECK #. OVERAGE.

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