2011 054306

2011 SEP 30 PM 3: 19

MICHELLE P. FAJMAN RECORDER

Acct#100417192

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Pearline M Cather Pearline M Cather 2668 Waverly Drive Gary, IN 46404		rney:		
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307		Indiana Departme 311 W. Washingto Suite 300 Indianapolis, In	on Street	
IN 46402,	re hereby notified th intends to hold a Hos re, treatment or main	spital Lien for	all reasonable	., 600 Grant Street, G and necessary charges ent as follows:	fary, for
above hospi (\$ 2,	The patient was admicharged from the hosp The amount due for he talization is Two the 134.25 Dolla To the best of the Hesentative claims that damages arising from	ital on Augus ospital care, t ousand one hunc rs. ospital's knowl	reatment or maint red thirty four & edge, the patient	enance during the	are >ital
the Office hundred and undersigned the penalti	of the Recorder of deighty (180) days a lindividual executing tes of perjury, hereb	the County in fiter the patie this instrumer by states that hat the facts	which the Hospit ent was discharge nt, having been d the Hospital int	ternis	one The inder
STATE OF INCOUNTY OF I	AKE : (V	SEAN MOIAN	MALLINIA MARIO JOLIANA		
Hospitals, are true an	nd correct.	rn upon oath, s	Says that the fac		
Septemb My Commissi	cribed and sworn to be M , 2011. Ton Expires: M ,			day of Notary Public County	
each social	L security number in t	for perjury, the	nat I have taken unless required b	reasonable care to re y law.	edact
This Instru	ument Prepared By:		, Attorney at Law Merrillville, IN		

AMOUNT \$. CASH_ CHECK #. OVERAGE COPY-

NON-COM. CLERK.

E

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

196466