STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2011 054307

2011 SEP 30 PM 3: 19

Acct#100414111

AMOUNT \$

OVERAGE_ COPY___ NON-COM. CLERK__ E

CASH____ CHECK# Return To:

MICHELE A FAJMAN Hodges & Davis, CORDER

8700 Broadway, Merrillville, IN 46410

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

(SEAL)

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

ro:	Willie Baker	7.6.6.0 m. o.v	
Patient:	Willie Baker 2190 Taft Street	Attorney:	
	Gary, IN 46404		
	E Lake County, Indian / Government Center	na Indiana Department of Insura 311 W. Washington Street	nce
_	Main Street	Suite 300	
	, Indiana 46307	Indianapolis, Indiana 46204	
IN 46402,	intends to hold a H are, treatment or mai	that THE METHODIST HOSPITALS, INC., 600 Grant ospital Lien for all reasonable and necessar ntenance of the above listed patient as follo	ry charges for
1.	The patient was adm	nitted to the hospital on July 24, 2011 spital on August 03, 2011	
and was dis 2.	scharged from the nos -The amount due for-	hospital care, treatment or maintenance durin	a the
above hospi	talization is Sixt	y Seven Thousand Two Hundred Forty Offe	<u>8.75/1</u> 00
(\$ 67	7.241.75) Dol	llars.	
3. legal repriliable for stay:	esentative claims th	Hospital's knowledge, the patient or the pati hat the following named individuals and/or om the patient's illness or injury causing	entities are
_	m t t 1 t	supposed to the Hernital Lien Law I C Sect	ion 32-33-4 in
This the Office	of the Recorder of	pursuant to the Hospital Lien Law, I.C. Sect the County in which the Hospital is located	ed, within one
hundred and	d eighty (180) days	after the patient was discharged from the F	Hospital. The
undersianea	d individual executir	ng this instrument, having been duly sworn up	on oath, under
the penalt	ies of perjury, here	eby states that the Hospital intends to hold	the Hospital
	escribed above and are true and correct.	that the facts and matters set forth in	the foregoing
Statement a	are true and correct.	THE METHODIST HOSPITALS, INC.	
		Agan d	
		(1) BY: Mancy Farries	
STATE OF IN	ANATON		
) ss:	TEAL !	
COUNTY OF 1	LAKE)	MOIANA THE	
I	Dancy Farries	, being a Patient Representative for	
Hospitals,	Inc., being duly sw	orn upon oath, says that the facts stated in	the foregoing
	nd correct.	(2) and Dancy Farries	
		(2) <u>A John Control Sancy Farries</u>	
		2.00.00	
Subse Subse	cribed and sworn to b	before me, a Notary Public, this 6^m day o	,£
Jeptem	bu, 2011.	e m class	
1 -		Notary Pu	
My Commiss.	ion Expires:	A Resident of Selle Con	inty
	b 24,2019		
I affirm, each socia	under the penalties l security number in	for perjury, that I have taken reasonable this document, unless required by law.	care to redact
This Instr	ument Prepared By:	20	
		Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410	
		Official Sea	al