STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2011 054308

2011 SEP 30 PM 3: 19

Acct#100416304

MICHELLE & FAJMAN RECORDER

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

(SEAL)

Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Tiffany T Cooper Tiffany T Cooper 2924 W. 84th Plac Merrillville, IN	Attorney e	:	
Lake County 2293 North I	Lake County, Indian Government Center Main Street , Indiana 46307	311 Sui	iana Department of W. Washington Streete 300 ianapolis, Indiana	et
IN 46402, i		ospital Lien for all	l reasonable and ne	Grant Street, Gary, cessary charges for follows:
2. above hospi: (\$ 4,3	charged from the hose The amount due for talization is Four 385.00 Doll To the best of the	hospital care, treat thousand three hundr ars. Hospital's knowledge	ment or maintenance ed eighty five & 00	during the /100
the Office hundred and undersigned the penalti Lien as de	of the Recorder of eighty (180) days individual executing es of perjury, here	the County in whice after the patient was good this instrument, he by states that the that the facts and	h the Hospital is was discharged from having been duly swo Hospital intends to matters set fort DIST HOSPITALS, INC.	orn upon oath, under o hold the Hospital h in the foregoing
STATE OF IN) ss:		Nancy Farries	
are true an	d correct.	(2) Wan	Mancy Farries	for The Methodist ted in the foregoing
Subsc September	ribed and sworn to b 07 , 2011.	efore me, a Notary F	Public, this <u>6711</u> Dig M. Stone	day of
My Commissi	on Expires:	A Resider	ing M. Stone Not Not	ary Public County
I affirm,	24,2019 under the penalties security number in	for perjury, that	I have taken reasor	able care to redact
This Instru	ment Prepared By:	Earle F. Hites, Att 8700 Broadway, Merr	corney at Law	
A	MOUNT \$			

196462

CASH_ CHECK #.

OVERAGE

COPY_ NON-COM. CLERK.

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