2011 054309

2011 SEP 30 PM 3: 19

MICHELLE P FAJMAN RECORDER

200620660

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	JUAN RIVERA			
Patient:	JUAN RIVERA	Attorney:		
	4540 SOUTHFAIRFIEL	D St.		
	CHICAGO, IL 60632			
				
	Lake County, Indiana		ana Department of Insuranc	ce
	Government Center		W. Washington Street	
2293 North	Main Street		e 300	
Crown Point	, Indiana 46307	India	anapolis, Indiana 46204	
IN 46402, shospital ca	intends to hold a Hore, treatment or main The patient was admit	spital Lien for all	reasonable and necessary listed patient as follows on May 07, 2011	charges for
2.	The amount due for h	pospital care treatme	ent or maintenance during	the
	talization is TUDEL	THOUSAND THREE HUNDRI	ED FIFTY FIVE 75/100	
_	255 55 75 75 75 75 75 75 75 75 75 75 75 7			
3.	To the best of the F	espital's knowledge.	the patient or the patien	nt's
	esentative claims th	at the following name	med rindividuals and/or	entities are
liable for	damages arising fro	m the patient's il	lness or injury causing	the hospital
stay:		<u>.</u>		
-				
This	Lien is being filed	pursuant to the Hospi	tal Lien Law, I.C. Section	on 32-33-4 in
the Office	of the Recorder of	the County in which	t <mark>he Hospit</mark> al is located	, within one
hundred and	d eighty (1 <mark>80) d</mark> ays	after the patient wa	s discharged from the Ho	spital. The
undersigned	l individual executing	g this instrument, ha	ving be <mark>en duly s</mark> worn upor	n oath, under
the penalti	ies of perj <mark>ury, here</mark>	by states that the H	Mospital intends to hold	the Hospital
		that the facts and	matters set forth in t	he foregoing
statement a	re true and correct.	- TOTAL		
		THE METHOD	IST HOSPITALS, INC.	
STATE OF IN	IDIANA	(1) BY: Regi:	na Pirtle	
) ss:			
COUNTY OF L	AKE)	THE OFAL III		
T Re	egina Pirtle	. being a Patien	nt Representative for T	he Methodist
Hospitals.	Inc., being duly swo	orn upon oath, says t	hat the facts stated in	the foregoing
are true an		\mathcal{U}_{α}	mi Dintloo	
		$(2) \qquad \qquad Periodical Particles (2)$	na Pirtle	
Cubaa	wibed and gwarn to be	efore me, a Notary Pu		
Quojust	, 2011.	Aug M		
			A Notary Dub	lic
My Commissi	on Expires:	A Rogidont	of due Coun	
Macha	PY , 2019	A Resident	01 // (00 00	
I affirm.	under the penalties	for periury, that I	have taken reasonable ca	are to redact
each social	L security number in	this document, unless	required by law.	
		2		
This Instru	ument Prepared By:	Danila D. William Phila	more at Taw	
		Earle F. Hites, Atto 8700 Broadway, Merri		
		O OU DIUGUWAY, MCLLL	.L. v L.	

AMOUNT \$. CASH_ CHECK#. OVERAGE. COPY-NON-COM CLERK.

E



196459