STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2011 054314

2011 SEP 30 PM 3: 19

MICHELE FAJMAN RECORDER

200635192

Return To:

Hodges & Davis, P.C.

SEAL)

COIAN!

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: Patient:	Andre J Mathews Andre J Mathews 1823 W 93RD PL. CROWN POINT, IN 4	Attorne	∍y: 	
Lake County 2293 North 1	Lake County, Indiar Government Center Main Street , Indiana 46307	31 St	ndiana Department o 11 W. Washington St uite 300 ndianapolis, Indian	creet
TN 404021 T	re hereby notified intends to hold a H re, treatment or mai	OSDITAL LIED for a	Il reasonable and	00 Grant Street, Gary, necessary charges for as follows:
above hospit	The patient was admediated from the hose that the second that	pital on <u>June 19,</u> hospital care, trea HUNDRED NINETY FIV	2011 .tment or maintenant & 00/100	
3. legal repre	To the best of the sentative claims the	Hospital's knowledg	named individual	the patient's and/or entities are causing the hospital
hundred and undersigned the penaltic Lien as des	eighty (180) days individual executines of perjury, here	after the patient g this instrument, by states that the that the facts ar	ch the Hospital i was discharged from having been duly a Hospital intends	.C. Section 32-33-4 in s located, within one om the Hospital. The sworn upon oath, under to hold the Hospital rth in the foregoing
STATE OF IND	DIANA	(1) BY: 30	ODIST HOSPITALS, I	NC.
COUNTY OF LA) ss:	TO SEAL.	AN AALL	
I <u>DIAN</u> Methodist Ho foregoing ar		**************************************		resentative for The e facts stated in the
Subscr Septembe	ibed and sworn to be 1, 2011.	efore me, a Notary	AN HALL Public, this 670	day of
My Commissio	n Expires:	_ (N (V)	g M. Stone nt of Sane	otary Public
March	24,2019	A Residei	nt of Mane	County
affirm, ur each social :	nder the penalties security number in t	for perjury, that this document, unless	I have taken reasons required by law.	onable care to redact
	ent Prepared By:	Earle F. Hites, Att 8700 Broadway, Meri	corney at Law	
	11-			

96456

AMOUNT \$.

OVERAGE

COPY_ NON-COM. CLERK.

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CASH_ CHECK #