## 2012 040840

2012 JUN 20 PM 1:55

RECORDER AJMAN

#100477643

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

	OTHER STREET	NOTICE OF INTENTION TO HOLD HOSPITAL LIEN
TO: Patient:	BETSY MELLON EMILY BUKOWSKI 1439 BRANDYWINE DR MUNSTER, IN 46321	Attorney:
2293 North Crown Point	f Lake County, Indiana / Government Center Main Street :, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
and was dis  2. above hospi (\$ 639 3. legal repreliable for stay:  This I the Office hundred and undersigned the penaltic	The patient was admitted that the patient was admitted that the charged from the hospital that the amount due for hospitalization is Six Hund 27  To the best of the Hospital that damages arising from the property of the Recorder of the eighty (180) days after individual executing the particular that the soft personnel that the soft personne	THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, ital Lien for all reasonable and necessary charges for nance of the above listed patient as follows:  ed to the hospital on MAY 15, 2012.  al on MAY 15, 2012.  Dital care, treatment or maintenance during the cred Thirty Nine & 27/100  Contains the following named individuals and/or entities are he patient's illness or injury causing the hospital suant to the Hospital Lien Law, I.C. Section 32-33-4 in County in which the Hospital is located, within one are the patient was discharged from the Hospital. The disciplinary instrument, having been duly sworn upon oath, under states that the Hospital intends to hold the Hospital the facts and matters set forth in the foregoing
STATE OF IND	IANA ) ) ss: KE )	THE METHODIST HOSPITALS, INC.  (1)  BY: MELISSA VASQUEZ  (2)
Hospitals, In are true and Subscri	bed and sworn to before	being a <u>Patient Representative</u> for The Methodist pon oath, says that the facts stated in the foregoing  (2) MELISSA VASQUEZ me, a Notaty Public, this Journal day of
My Commission	Expires: 24, 9019	A Resident of Jane County

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this accument, unless required by law. Ι

This Instrument Prepared By:

Му

Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410

AMOUNT \$-CASH\_ CHECK# OVERAGE COPY\_ NON-COM aa CLERK 2033418

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