STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2012 042793

2012 JUN 28 AM 11: 33

#100480181

LOIS L CARR

Patient: LOIS L CARR

OVERAGE_ COPY_ NON-COM_

CLERK_

PM

TO:

MICH RECORDER AJMAN

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

Attorney:

2701 HARRISON ST	
GARY, IN 46407	
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street	Indiana Department of Insurance 311 W. Washington Street Suite 300
Crown Point, Indiana 46307	Indianapolis, Indiana 46204
IN 46402, intends to hold a Hospi hospital care, treatment or mainten	THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, tal Lien for all reasonable and necessary charges for nance of the above listed patient as follows:
and was discharged from the hospita	ed to the hospital on MAY 29, 2012 al on MAY 29, 2012. Dital care, treatment or maintenance during the
above hospitalization is SIX HINDE	
	oital's knowledge, the patient or the patient's
	the following named individuals and/or entities are the patient's illness or injury causing the hospital
the Office of the Recorder of the hundred and eighty (180) days afte undersigned individual executing th the penalties of perjury, hereby Lien as described above and that	suant to the Hospital Lien Law, I.C Section 32-33-4 in a County in which the Hospital is located, within one er the patient was discharged from the Hospital. The his 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
statement are true and correct.	THER'S THE
	THE METHODIST HOSPITALS, INC.
STATE OF INDIANA)	(1) BY: MELISSA VASQUEZ ASAULS
COUNTY OF LAKE) ss.	MOIANA.
I MELISSA VASQUEZ Hospitals, Inc., being duly sworn are true and correct.	, being a <u>Patient Representative</u> for The Methodist upon oath, says that the facts stated in the foregoing
	(2) Melissa Vasquez Jan
Subscribed and sworn to before Qual , 2012	re me, a Notary Public, thisday of
My Commission Expires:	Notary Public
March 24,2019	A Resident of Many County
11 [[[[[]]]]]	
I affirm, under the penalties for each social security number in this	perjury, that I have taken reasonable care to redact document, unless required by law.
	de F Hites, Attorney at Law
11 -	00 Broadway, Merrillville, IN 46410
AMOUNT \$CHARGE	
CASH	Official Seal
CHECK #E	SEAL RESIDENT OF Lake County IN
COPY	My commission expires March 24, 2019
COPT	24, 2019