STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2012 042794

2012 JUN 28 AM 11: 33

MICHELIA FAJMAN RECORDER

ACCOUNT # 100461674 & 200743807

Return To:

Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	MARILYN GASTON MARILYN GASTON 121 N WEST ST APT CROWN POINT, IN 4			
Lake County 2293 North N	Lake County, Indian Government Center Main Street , Indiana 46307	311 V Suite	ana Department of Insurance W. Washington Street e 300 anapolis, Indiana 46204	
IN 46402, 1	.ntends to hold a Ho	ospital Lien for all	SPITALS, INC., 600 Grant Streasonable and necessary of listed patient as follows:	charges for
above hospit (\$\frac{41,91}{3.}\]	The amount due for lalization is Forty  8.18  To the best of the sentative claims the	notal on March 27 hospital care, treatme One Thousand Nine lars. Hospital's knowledge, at the following name	on March 05 , 2012  ent or maintenance during the Hundred Eighteen & 18  the patient or the patient med individuals and/or en lness or injury causing the	/100 's
This I the Office hundred and undersigned the penalticular as de:	of the Recorder of eighty (180) days individual executinges of perjury, here	the County in which after the patient wa g this instrument, haby states that the H that the facts and	tal Lien Law, I.C. Section the Hospital is located, s discharged from the Hospital wing been duly sworn upon cospital intends to hold the matters set forth in the IST HOSPITALS, INC.	within one pital. The path, under the Hospital
STATE OF INC	) ss:		RA HOLLAND	
being duly correct.  Subscr	sworn upon oath, sa	ays that the facts s $(2) \qquad \qquad \bigcirc \mathbf{N}$	eve for The Methodist Hospits stated in the foregoing are Holland RA HOLLAND and day of	tals, Inc., e true and
My Commission		_ Ruisa	M. Stone	
much 2	_	A Resident	of Notary Public County	2
I affırm, u	nder the penalties	for perjury, that I has document, unless	have taken reasonable care	to redact
	ent Prepared By:	Earle F. Hites Attor 8700 Broadway, Merril	rney at Law	
AMOL CASH CHEC	CHARGE		Official Seal LISA M STONE Resident of Lake Cour My commission expir March 24, 2019	nty IN es

205283

CASH\_\_ CHECK#. OVERAGE.

COPY\_ NON-COM\_ CLERK\_

E