2012 057793

2012 AUG 24 PM 1: 24

the secondLA

#200787067

COPY_ NON-COM.

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

TO:	RICHARD CARLTON	Attorney:
Patient.	RICHARD CARLTON	Accorney.
	7108 FRANKE RD	
	FORT WAYNE, IN 46816	
		Indiana Department of Insurance
Recorder o	f Lake County, Indiana	311 W. Washington Street
Lake Count	y Government Center	Suite 300
2293 North	Main Street	Indianapolis, Indiana 46204
Crown Poin	t, Indiana 46307	
IN 46402, hospital of and was displayed a legal repliable for stay. The Office hundred a linders of the content of the conten	reaches to hold a Hospital and the patient was admitted ascharged from the hospital action is Four Transport of the best of the Hoppital action is To the best of the Hoppital action is a second and eighty (180) days and eighty (180) days and eighty (180) days and eighty days are eighty days and eighty days and eighty days are eighty	pital Lien for all reasonable and necessary charges for enance of the above listed patient as follows: ted to the hospital on JULY 5, 2012. tal on JULY 6, 2012. pspital care, treatment or maintenance during the mousand one Hundred Ninety-Nine 50/100 Dispital's knowledge, the patient or the patient's and/or entities are the patient's illness or injury causing the hospital dursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the County in which the Hospital is located, within one of the patient was discharged from the Hospital. The this instrument, having been duly sworn upon oath, under the state the facts and matters set forth in the foregoing
Lien as	described above and t are true and correct	that the facts and matters set forth in the foregoing
Scacement	2 410 3141	TO STATE OF THE CONTRACT OF TH
STATE OF) ss·	the METHODIST HOSPITALS, INC. BY. MELIESA VASQUEZ (1) BY. MELIESA VASQUEZ
COONII		tor The Methodist
I <u>ME</u> Hospital	LISSA VASQUEZ s. Inc , being duly swo	, being a <u>Patient Representative</u> for The Methodist orn upon oath, says that the facts stated in the foregoing
are true	and correct	(2) Delisia Yasques
Cu	becribed and sworn to b	efore me, a Notaty Public, this 2500 day of
July	<u></u>	Duina n'1. 3 +0/12
My Commi	ssion Expires:	A Resident of Ball County
Man	ch 24, 2019	
	7.1	for perjury, that I have taken reasonable care to redact this document, unless required by law.
This In	strument Prepared By:	Earle F Hites, Attorney at Law
	AMOUNT \$//-	8700 Broadway, Merrillville, IN 46410
	CASHCHABGE	Official Seal LISA M STONE LISA M STONE
	CHECK #	1/0/ Sel a and of lake County.
	OVERAGE	My commission over
	COPY	E March 24, 2019