STATE OF INDIANA

AKE COUNTY
FILED FOR RECORD

2012 058799

2012 AUG 29 PM 12: 15



#200800979

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

TO: Patient:	BELVA J CARGLE BELVA J CARGLE 5401 BUCHANAN ST	Attorney:
Lake County 2293 North	MERRILLVILLE, IN 46410 f Lake County, Indiana y Government Center Main Street t, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
IN 46402, hospital call. and was diagrams.	intends to hold a Hospital are, treatment or maintenanc The patient was admitted t scharged from the hospital of the amount due for hospital italization is TWO THOUSAND	E METHODIST HOSPITALS, INC., 600 Grant Street, Gary, Lien for all reasonable and necessary charges for the of the above listed patient as follows: to the hospital on AUGUST 9, 2012. In AUGUST 9, 2012. In care, treatment or maintenance during the D FOUR HUNDRED THIRTY-FIVE 00/100
3. legal repr	To the best of the Hospita resentative claims that the	al's knowledge, the patient or the patient's e following named individuals and/or entities are patient's illness or injury causing the hospital
the Office hundred an undersigne the penalt Lien as d	e of the Recorder of the Cond eighty (180) days after d individual executing this ties of perjury, hereby sta	nt to the Hospital Lien Law, I.C. Section 32-33-4 in ounty in which the Hospital is located, within one the patient was discharged from the Hospital. The instrument, having been duly sworn upon oath, under tes that the Hospital intends to hold the Hospital the facts and matters set forth in the foregoing
STATE OF I	NDIANA)) ss:	BY: MELISTA VASQUEZ VASQUEZ
I <u>MELI</u> Hospitals,	SSA VASQUEZ	being a <u>Patient Representative</u> for The Methodist on oath, says that the facts stated in the foregoing
_Augus	scribed and sworn to before r	MELISSA VASQUEZ me, a Notary/Public, this 2011 day of Notary Public Notary Public
-	sion Expires: JÝJ019	A Resident of Sale County
		erjury, that I have taken reasonable care to redact ocument, unless required by law.
This Instr	rument Prepared By:	Hites. Attorney at Law

8700 Broadway, Merrillville, IN 46410

Official Seal LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019

AMOUNT \$ CASH_

CHECK # OVERAGE.

COPY_ NON-COM_ E