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Return To:

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Weaver, Linda P Weaver, Linda P 716 W. 66th Ave Merrillville, IN 4	Attorney:	
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204	e:
TN 46402	intends to hold a Hos	nat THE METHODIST HOSPITALS, INC., 600 Grant Spital Lien for all reasonable and necessary tenance of the above listed patient as follows	charges for
above hospi (\$ 3, 3. legal representable for stay:	charged from the hosp The amount due for h talization is Three 908.00) Dolla To the best of the H esentative claims the damages arising from	tted to the hospital on June 08 , 2012 ital on June 09 , 2012 ospital care, treatment or maintenance during Thousand, Nine Hundred, Eight of the patient or the patient of the following named individuals and/or the patient's illness or injury causing	nt's entities are the hospital
the Office hundred and undersigned the penalt:	of the Recorder of (180) days of individual executing less of perjury, herekescribed above and the true and correct.	the County in which the Hospital is located after the patient was discharged from the Hospital instrument, having been duly sworn upon by states that the Hospital intends to hold that the facts and matters set forth in the METHODIST HOSPITALS, INC. [1] BY: Sandra Allen	ospital. The n oath, under the Hospital
IHospitals, are true an		, being a <u>Patient Representative</u> for Tern upon oath, says that the facts stated in (2) Sandra Allen	he Methodist the foregoing
My Commissi	24,019	for perjury, that I have taken reasonable countries doeument, unless required by law.	olic nty
This Instr	ument Prepared By: //- CHARGE /8200 E	Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410 Official Seal LISA M STONE Resident of Lak My commission March 24, 2019	e County, IN expires

207/44