AKE COUNTY HILED FOR RECORD

2012 058805

2012 AUG 29 PM 12: 15

MICHE FAJMAN RECORDER

ACCOUNT# 100484570

Return To:

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	RYAN JACKSON RYAN JACKSON 17116 PRINCE DR SOUTH HOLLAND, IL	Attorney: 60473	
Lake County 2293 North	E Lake County, Indiana Government Center Main Street L, Indiana 46307	311 W Suite	nna Department of Insurance N. Washington Street 2 300 2 anapolis, Indiana 46204
You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows:			
above hosp: (\$ 9%	scharged from the hosp The amount due for h italization is NINE H 22.00) Dollars To the best of the H esentative claims the	ospital care, treatment of the county Recognition of the county Recognition of the county Recognition of the county at the following name of the county recognition of the county of the	2012 ent or maintenance during the 100
This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the Office of the Recorder of the County in which the Hospital is located, within one hundred and eighty (180) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having been duly sworn upon oath, under the penalties of perjury, hereby states that the Hospital intends to hold the Hospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct. THE METHODIST HOSPITALS, INC.			
STATE OF I) ss:	REGIN	A PIRTLE
I REGINA PIRTLE , being a Patient Representative for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) REGINA PIRTLE Subscribed and sworn to before me, a Notary Public, this day of August , 2012 My Commission Expires: Notary Public			
My Commiss	ion Expires.		
Q clober 10, 2013 County			
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.			
This Instr	ument Prepared By.	Earle F. Hites, Atto: 8700 Broadway, Merri	
611	eial Seal	11	

AMOUNT \$. CASH_ CHECK #. **OVERAGE**

COPY_ NON-COM CLERK_

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2069260

SHERRY C FOUST
Resident of Lake County, IN
My commission expires
October 10, 2013