TATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 058806

2012 AUG 29 PM 12: 15

MICHE IN FAJMAN RECORDER

ACCOUNT# 200779694

206930

TO:

KIRK HARDIN

Return To:

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	KIRK HARDIN	Attorney:	
	5061 MADISON ST		
	GARY, IN 46409	- -	
Lake County	Lake County, Indiana Government Center	311 V	ana Department of Insurance V. Washington Street
2293 North Main Street Crown Point, Indiana 46307		Suite	
Oromii romii	, indiana 4000/	India	anapolis, Indiana 46204
IN 46402,	intends to hold a Hos	pital Lien for all	PITALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for listed patient as follows:
1. and was dis	The patient was admit charged from the hospit	tal on June 21	2012
	The amount due for ho talization is ONE THO 749.25) Dollar	DUSAND SEVEN HUNDRED	
3. To the best of the Hospital's knowledge, the patient or the patient's			
<pre>legal repre liable for stay:</pre>	esentative claims that	t the following nam	ed individuals and/or entities are ness or injury causing the hospital
the Office hundred and undersigned the penalti	of the Recorder of the leighty (180) days a individual executing test of perjury, hereby	the County in which fter the patient was this instrument, had y states that the Ho	tal Lien Law, I.C. Section 32-33-4 in the Hospital is located, within one the Hospital. The wing been duly sworn upon oath, under espital intends to hold the Hospital matters set forth in the foregoing
		THE METHODI	ST HOSPITALS, INC.
STATE OF INDIANA) SANDRA HOLLAND) SS:			
COUNTY OF LAKE)			
I <u>SANDRA HOLLAND</u> , being a <u>Patient Representative</u> for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.			
G 1		(2) SANDR	A HOLLAND
July	ribed and sworn to bef , 2012.	//	
My Commission	on Expires:	<u>(/) (N)G</u>	M. Store Notary Public
	7 24,2019	A Resident	of Same Notary Public 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 Instru	ment Prepared By:	5	
	Ē	arle F. Hites, Attor 700 Broadway, Merril	
AN40	11 INIT & //-		
CASI	- CHARGE		
CHE	OUNT \$ HCHARGE CK #		Official Seal LISA M STONE
OVE	RAGE		Resident of Lake County IN My commission expires
COP			March 24, 2019
	N-COM		
CLE	RK		