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MILE FAJMAN RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	DENISE KELLY  DENISE KELLY  908 W. 62 ND AVE  MERRILLVILLE, IN. 46410	Attorney:
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307		Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
hospital ca	are, treatment or maintenance	METHODIST HOSPITALS, INC., 600 Grant Street, Gary, then for all reasonable and necessary charges for of the above listed patient as follows:
above hosp: (\$ 130 3. legal repr	O6.25  To the best of the Hospital' resentative claims that the f	July 16 2012  July 16 2012  care, treatment or maintenance during the hree hundred six dollars & 25/100  County Recorder  s knowledge, the patient or the patient's following named individuals and/or entities are patient's illness or injury causing the hospital
hundred and undersigned the penalt: Lien as de	d eighty (180) days after the dindividual executing this in les of perjury, hereby states escribed above and that the are true and correct	to the Hospital Lien Law, I C. Section 32-33-4 in ocated, within one patient was discharged from the Hospital. The astrument, having been duly sworn upon oath, under that the Hospital intends to facts and matters set forth in the foregoing  THE METHODIST HOSPITALS, INC.
STATE OF IN	) ss:	DIAN HALL
I DIA being duly correct	AN HALL, being a <u>Patient F</u> sworn upon oath, says that	Representative for The Methodist Hospitals, Inc., the facts stated in the foregoing are true and DIAN HALL
My Commission	ribed and sworn to before me, 2012. on Expires:	a Notary Public, this 15 day of  Notary Public  A Resident of 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 Instrument Prepared By:

Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410

AMOUNT \$ CASH\_ CHECK # **OVERAGE** COPY\_ E NON-COM. CLERK\_



