2012 059325

2012 AUG 3 1 AM 10: 1 1

MICE FAJMAN RECORDER

ACCOUNT# 100491522

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

TO: Patient:	CHARLES J EVANS CHARLES J EVANS 1340 JEFFERSON ST GARY, IN 46407	Attorney:	
Lake County 2293 North	E Lake County, Indiana y Government Center Main Street E, Indiana 46307	311 W. Suite 3	a Department of Insurance Washington Street 300 apolis, Indiana 46204
IN 46402,	intends to hold a Hosp	ıtal Lıen for all re	TALS, INC., 600 Grant Street, Gary, easonable and necessary charges for isted patient as follows:
above hospi (\$ 2, 3. legal repre	talization is TWO THOU 289.75 ) Dollars  To the best of the Hose esentative claims that	al on July 17 , pital care, treatment SAND TWO HUNDRED EIGH    **Recounty Recorpital's knowledge, the following named care.**	2012 or maintenance during the TY NINE 75/100
the Office hundred and undersigned the penalti	of the Recorder of the delay of	e County in which to er the patient was his instrument, havi states that the Hos t the facts and ma	l Lien Law, I.C. Section 32-33-4 in he Hospital is located, within one discharged from the Hospital. The ng been duly sworn upon oath, under pital intends to hold the Hospital tters set forth in the foregoing
STATE OF IN	) ss:	(1) BY: San	HOLLAND
I SAN	NDRA HOLLAND, being a Pa	atient Representative that the facts sta	for The Methodist Hospitals, Inc., ted in the foregoing are true and
Subsc My Commissi My Commissi		re me, a Notary Publı	M. SINO Notary Public
I affirm, que each social	under the penalties for security number in thi	perjury, that I had so document, unless re	ve taken reasonable care to redact quired by law.
AM	OUNT \$	rle F. Hites, Attorne 30 Broadway, Merrilly	
O/ CH	SHCHANGEE HECK#E VERAGEE		SEAL Resident of Lake County, 15 My commission expires March 24, 2019

207004

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