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MALL FALIMAN REGORDER

Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

-		THE THE TAIL THE TAIL TO	A TO HOTEL HOSELLET LIEN
TO: Patient:	ANTHONY LOFRANO ANTHONY LOFRANO 3112 UNION CR CROWN POINT , IN	Attorney: 46307	
Lake County 2293 North	f Lake County, India y Government Center Main Street t, Indiana 46307	311 W Suite	na Department of Insurance . Washington Street 300 napolis, Indiana 46204
hospital call and was distant	The patient was added and scharged from the horization is one of the esentative claims to damages arising from the being filed.	intenance of the above mitted to the hospital of the hospital of the hospital of the hospital of the hospital care, treatment thousand twenty six doll hospital's knowledge, that the following name of the patient's illresponds to the Hospital's to	at or maintenance during the ars and 25/100 The patient or the patient's dindividuals and/or entities are less or injury causing the hospital
hundred and undersigned the penalti	d eighty (180) days l individual execution ies of perjury, here	after the patient was ng this instrument, have eby states that the Hos that the facts and m THE METHODIS	the Hospital is located, within one discharged from the Hospital. The ing been duly sworn upon oath, under spital intends to atters set forth in the foregoing T HOSPITALS, INC.
STATE OF IN) ss:	DIAN H	ALL
I DIA being duly correct.	AN HALL , being a sworn upon oath, s	(2) Like	for The Methodist Hospitals, Inc., ated in the foregoing are true and
Subsc Octoby	ribed and sworn to b 1 , 2012.	DIAN HALL pefore me, a Notary Publ	ic, this ATA day of
My Commission	on Expires:	A Resident of	Notary Public County
I affirm, u	inder the penalties	for perjury, that I ha	ve taken reasonable care to redact
This Instruc	MOUNT \$CHARGEHECK #/8390	Earle F. Hites, Attorne 8700 Broadway, Merrilly	official Seal
_	OVERAGE	E	Resident of Lake County, IN My commission expires March 24, 2019

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COPY_ NON-COM_ CLERK___