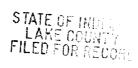
2013 028201



2013 APR 19 AM 11: 46

ACCOUNT# 100545185

DENISE COLON

TO:



Return To:

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	YOLY Y GONZALEZ	Attorney:
	1930 N SPAULDING	
	CHICAGO, IL 60647	
December of	Taka Canatu Indiana	Indiana Donartment of Ingurance
	f Lake County, Indiana / Government Center	Indiana Department of Insurance 311 W. Washington Street
	Main Street	Suite 300
	Indiana 46307	Indianapolis, Indiana 46204
		•
IN 46402,	intends to hold a Ho are, treatment or main	nat THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, spital Lien for all reasonable and necessary charges for tenance of the above listed patient as follows: tted to the hospital on March 18 , 2013
and was dis	scharged from the hosp The amount due for h	ital on <u>March 18</u> , <u>2013</u> . ospital care, treatment or maintenance during the
	talization is FIVESE	UNDRED NINETY THREE 00/100 ty of
(\$ <u>59</u>	Dollars	ospital's knowledge, the patient or the patient's
3.		
liable for	damages arising from	at the following named individuals and/or entities are maken the patient's illness or injury causing the hospital
stay:	damages allsing 110	if the patient's limess of injury causing the mospitar
scay.		
the Office	of the Recorder of	oursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the County in which the Hospital is located, within one after the patient was discharged from the Hospital. The
		this instrument, having been duly sworn upon oath, under
the penalt:	ies of perjury, herek	by states that the Hospital intends to hold the Hospital
		that the facts and matters set forth in the foregoing
statement a	are true and correct.	COUNTY OF THE PROPERTY OF THE
		THE METHODIST HOSPITALS, INC.
		(1) BY: Browing Pintle
	ע מוא די	(1) BY: PUCTAL PIPTE
STATE OF IN) ss:	NEAL MACHINA FIRIDE
COUNTY OF I	,	WOJANA JUST
I	REGINA PIRTLE	, being a Patient Representative for The
Methodist B	Hospitals, Inc., bein	g duly sworn upon oath, says that the facts stated in the
foregoing a	are true and correct.	(2) Regina Pirtle
Subsc	cribed and sworn to be , 2013.	efore me, a Notary Public, this $\frac{1}{\sqrt{2}}$ day of
<u> </u>		Sax 111.5 tone
My Commissi	ion Expires:	A Resident of Saw County
march	24,2019	A Resident of County
		for perjury, that I have taken reasonable care to redact this document, unless required by law.
This Instru	ument Prepared By:	Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410
	1/-	
AMOUN	T\$	grant to complete the state of
CASH	CHARGE	Official Seal
CHECK	•	(SEAL) Resident of Lake Confounds
OVERA	GEE	My commission expires March 24, 2019
COPY_		MICHAEL SALSON

214325

CLERK____