2013 028209

STATE OF INDIAN-LAKE COUNTY FILED FOR RECORD

2013 APR 19 AM 11: 47

MICHALL 3. BROWN RECORDER

200895183

NON-COM___ CLERK___

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

TO: Patient:	Vega, Gina Vega, Gina 9213 Clay Street Merrillville, IN 4	Attorney:		
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	311 W Suite	ana Department of Insurance N. Washington Street e 300 anapolis, Indiana 46204	e:
IN 46402, i	ntends to hold a Ho	spital Lien for all	PITALS, INC., 600 Grant S reasonable and necessary listed patient as follows	charges for
above hospit (\$\frac{\$}{3}\$. legal repre	charged from the hose The amount due for he talization is Eight 8.00 Dollars To the best of the Ferentative claims the	Hundred, Fifty Eight By Lake County Re- Hospital's knowledge, at the following name	2013 . ent or maintenance during	nt's entities are
the Office hundred and undersigned the penalti Lien as de	of the Rec <mark>order of eighty (180) days a individual executing es of perjury, herek</mark>	the County in which after the patient was y this instrument, has by states that the Hothat the facts and THE METHODI	tal Lien Law, I.C. Section the Hospital is located, so discharged from the Hospital sworn upon ospital intends to hold matters set forth in the IST HOSPITALS, INC.	, within one spital. The oath, under the Hospital
STATE OF INI	ss:	(1) BY: Dane Sandr	ra Allen	
are true and	d correct.	rn upon oath, says th	Representative for The nat the facts stated in the facts and the facts are as a second	
Subsci	ribed and sworn to be		plic, this $\frac{910}{100}$ day of	
My Commission	on Expires:	A Resident	of <u>Hull</u> Notary Publ	ic Y
I affirm, u	nder the penalties t	for prijury, that I land	have taken reasonable car required by law.	re to redact
	ment Prepared By:	Earle F. Hites, Attor		
AMOUNT \$CASHCHECK #OVERAGECOPY		8700 Broadway, Merril		e County, :N