2013 028237

2013 APR 19 PM 1:18

MICHAEL B. LINGWN RECORDER

Acct#200871248

TO:

Return To:

Norman Bradley

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Norman Bradley	Attorney:	
Pacienc.		Accorney.	
	605 Gordon Ct		
	Lafayette, IN 47909		
Pecorder of	Lake County, Indiana	Indiana Department of Insurance	
	Government Center	311 W. Washington Street	
-	Main Street	Suite 300	
	Indiana 46307	Indianapolis, Indiana 46204	
CIOWII IOIIIC	, indiana 40507	indianapolis, indiana 40204	
IN 46402, hospital call. and was dis	intends to hold a Hospi are, treatment or mainter The patient was admitte scharged from the hospita	THE METHODIST HOSPITALS, INC., 600 Grant Street tal Lien for all reasonable and necessary charmance of the above listed patient as follows: ed to the hospital on January 24 January 24	
2.		pital care, treatment or maintenance during the	
		thousand three hundred sixty eight 00/100	
	3,368.00) Dollars	Lalza County Pagardani	
3.		pital's knowledge, the patient or the patient's	
		the following named individuals and/or entit the patient's illness or injury causing the h	
the Office hundred and undersigned the penalt. Lien as de	of the Rec <mark>order of the</mark> d eighty (180) days aft d individual executing the ies of perjury, hereby	suant to the Hospital Lien Law, I.C. Section 32- e County in which the Hospital is located, with er the patient was discharged from the Hospital his instrument, having been duly sworn upon oath states that the Hospital intends to hold the Hospital the facts and matters set forth in the form	thin one l. The n, under Hospital
		THE METHODIST HOSPITALS, INC.	
		(1) BY: 1 any Hames	
		Nancy Farries	
STATE OF IN	NDIANA)	JEAL SEAL SEAL SEAL SEAL SEAL SEAL SEAL S	
) ss:	WOIANA LILL	
COUNTY OF I	LAKE)		
	Nancy Farries Hospitals, Inc., being dare true and correct.	, being a <u>Patient Representative</u> duly sworn upon oath, says that the facts stated (2) Nancy Farries	
Subs	cribed and sworn to before	re me, a Notary Public, this 157 day of	
_cipnu	, 2013.	Super Dr. Storice	
Mar Cammia	i an Bunina	(A) (V) 9 / / R S/ (V) (V) Notary Public	
My Commissi	ion Expires:	A Resident of Acide County	
Mach	24,2019	A Resident of Thirte County	
I affirm,	under the penalties for	periory, that I have taken reasonable care to socument, unless required by law.	redact
		5	
This Instru		rle F. Hites, Attorney at Law 00 Broadway, Merrillville, IN 46410	
	11-		
CAS CH OV CC	OUNT \$CHARGEECK #ERAGEEPYE	Official Seal LISA M. STONE Resident of Lake Could My commission expite March 24, 2019	
N	ON-COM		