STATE OF INDIA: LAKE COUNTY FILED FOR RECORD

2013 029919

2013 APR 26 PM 12: 08

MICHAEL B. SROWN RECORDER

#200882204

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	MENDEZ, FRED MENDEZ, FRED 400 CALHOUN ST GARY, IN 46406	Attorney:	
Lake Count 2293 North	f Lake County, Indiana y Government Center Main Street t, Indiana 46307	311 W Suite	na Department of Insurance . Washington Street 300 napolis, Indiana 46204
IN 46402,	intends to hold a Hosp	ital Lien for all 1	PITALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for listed patient as follows:
above hosp (\$\frac{2}{3}\$. legal repr	italization is Two thou ,685.25) Dollars To the best of the Hos resentative claims that	cal on February 16 spital care, treatments and six hundred eighter spital's knowledge, the following name	A 2013 nt or maintenance during the
the Office hundred ar undersigne the penalt Lien as o statement	e of the Recorder of the deighty (180) days af dindividual executing ties of perjury, hereby described above and the are true and correct. NDIANA)	ne County in which ter the patient was this instrument, have states that the Howat the facts and many the METHODIS (1) BY:	the Hospital is located, within one discharged from the Hospital. The ring been duly sworn upon oath, under spital intends to hold the Hospital intends to hold the Hospital in the foregoing ST HOSPITALS, INC.
	olanda R Simpson , being duly sworn upon oath	, says that the fac	ntative for The Methodist Hospitals, its stated in the foregoing are true and a simpson
april	cribed and sworn to before 0.00 , 2013. ion Expires: 0.00	ore me, a Notary Pub.	da R Simpson Am day of lic, this 12th day of A Stone Notary Public of Acade County
each socia	l security number in this ument Prepared By: ${Ea}$		ney at Law
AMOI CASH CHEC OVEF	UNT \$ CHARGE CK #		Official Seal LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019