TO:

2002 043521

2002 11 11 - 3 9: 23

Return To:

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

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

	•
TO: TERRENCE SALLEE  Patient: TERRENCE SALLEE  5315 W 3rd Pl	Attorney:
GARY, IN 46406	
Recorder of Lake County, Indian	Indiana Department of Insurance 311 W. Washington Street
Lake County Government Control	cuite 300
2293 North Main Street Crown Point, Indiana 46307	Indianapolis, Indiana 46204
	that THE METHODIST HOSPITALS, INC., 600 Grant ds to hold a Hospital Lien for all reasonable and
You are hereby notified	ds to hold a Hospital Lien for all reasonable and care, treatment or maintenance of the above listed
Street, Gary, IN 46402, Income	ds to hold a Hospital Lien for all reasonable ds to hold a Hospital Lien for all reasonable care, treatment or maintenance of the above listed
patient as follows:	TOFFICIAL!
and	itted to the hospital on MARCH 13 , 2002
1. The patient was discharged from the ho	spital on MARCH 14 per 2002 spital on MARCH 14 per 2002 hospital care, treatment or maintenance during the THOUSAND SEVEN HUNDRED EIGHT AND EIGHT CENTS
2. The amount due for	hospital care, treatment EIGHT AND EIGHT CENTS
above hospitalization is 11/1 (\$ 5,708.80 ) Dollars.	the natient's
(\$ 5,708.80 Bottof the	Hospital's knowledge, the patient or the patient's nat the following named individuals and/or entities or the patient's illness or injury causing the
legal representative claims the	nat the following named individuals and, or
are liable for damages direction	g Hom the pass
hospital stay:	
	pursuant to the Hospital Lien Law, I.C. Section 32-
This Lien is being filed	Recorder of the County in which the Hospital is and eighty (180) days after the patient was
hereby states that the hospi	tal intends to hold the Hospital lien as destructed matters set forth in the foregoing statement are
true and correct.	
	THE METHODIST HOSPITALS, INC.
	Amais OurRich
	(1) BY: <u>Ongie DiuRich</u> ANGIE DJUKICH
STATE OF INDIANA ) ) ss:	
COUNTRY OF LAKE	
COOKE TO STANTON	_, being a <u>Patient Representative</u> for The Methodist sworn upon oath, says that the facts stated in the
ANGIE DJUKICH	sworn upon oath, says that the facts stated in the
foregoing are true and corre	
1010305	(2) <u>Angie Dur wh</u> ANGIE DJUKICH
·	ANCIE DJUKICH
Subscribed and sworn to	before me, a Notary Public, this day of
april , 2002.	Motary Public  A Resident of Sake County
<i>'</i>	Notary Public County
My Commission Expires:	A Resident of County
3-24-08	Clyde D. Compton, Attorney at Law
This Instrument Prepared By	0700 Blomming;
	$\mathcal{A}$
	$\mathcal{I}$