TO:

2002 047611

2007 No. 1 22 M. 9: 57

Return To:

JULIE PAGAN

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient: JULIE PAGAN	Attorney:
<u>5410 E 10TH AVE</u>	
GARY, IN 46403	
Recorder of Lake County, Indiana	Indiana Department of Insurance
Lake County Government Center	311 W. Washington Street
2293 North Main Street	Suite 300
Crown Point, Indiana 46307	Indianapolis, Indiana 46204
orom rome, marana 1050,	indianapolis, indiana 46204
You are hereby notified	that THE METHODIST HOSPITALS, INC., 600 Grant
Street, Gary, IN 46402, intends	s to hold a Hospital Lien for all reasonable and
necessary charges for hospital patient as follows:	care, treatment or maintenance of the above listed
1. The patient was admit	ted to the hospital on APRIL 19 , 2002
and was discharged from the hosp	pital on APRIL 19
2. The amount due for ho above hospitalization is OE TOU	spital care, treatment or maintenance during the SAND THRE HINTED TWENTY AND TWENTY-EIGHT CENTS
(\$ 1,320.28) Dollars.	No Godine in Edit Line Living
3. To the best of the Ho	spital's knowledge, the patient or the patient's
legal representative claims that	the following named individuals and/or entities
are liable for damages arising	from the patient's illness or injury causing the
hospital stay:	j j i i i i i i i i i i i i i i i i i i
This Lien is being filed pu	ursuant to the Hospital Lien Law, I.C. Section 32-
8-26 in the Office of the Red	corder of the County in which the Hospital is
located, within one hundred	and eighty (180) days after the patient was
discharged from the Hospital.	The undersigned individual executing this
instrument, having been duly st	worn upon oath, under the penalties of perjury
nereby states that the Hospital	intends to hold the Hospital Lien as described
above and that the facts and m	atters set forth in the foregoing statement are
true and correct.	VOIANA THE
	THE METHODIST HOSPITALS, INC.
	(1) BY: <u>Angle Dukich</u>
STATE OF INDIANA)	(1) BY: White Diak wit
) ss:	○ ANGWE DJUKICH
COUNTY OF LAKE	
,	
_ANGIE_DJUKICH , h	peing a <u>Patient Representative</u> for The Methodist
Hospitals, Inc., being duly swo	rn upon oath, says that the facts stated in the
foregoing are true and correct.	r , and and and races praced in the
	(2) <u>Angle Dukuh</u> ANGIE DJUKICH
	ANGIK DJUKICH
Subscribed and sworm to ber	ore me, a Notary Public, this 8 day of
My Commission Expires:	Notary Public A Resident of School County
3.24-08	
This Instrument Prepared By: Clyde D. Compton, Attorney at Law	
8700	Broadway, Merrillville, IN 46416
	Man .
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