FILED FOR RECORD

Acct 354955601 355026519

2004 042091

2004 MAY 20 PK 1: 19 MORRIS IN CHARER RECORDED

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

-		01 1111111111	ON TO HOLD HOSPI	TAL LIEN
TO: Patient:	Bonnie Pickford Bonnie Pickford 960 Matthews St Gary, IN 46406	Attorney:	Mark Psimos 9219 Broadway Merrillville, IN	<u>4641</u> 0
Lake Counties 2293 North	of Lake County, Indiana ty Government Center h Main Street nt, Indiana 46307	311 Suit	ana Department of W. Washington Str e 300 anapolis, Indiana	eet
You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows:				
and was divided and was divided and was divided and and and and and and and and and an	resentative claims that the e for damages arising from stay:  Lien is being filed pursual the Office of the Recorde within one hundred and d from the Hospital.  t, having been duly sworn ates that the Hospital into that the facts and matter	on March  Itcare, tre  Ind Seven Hu  I's knowled  following  the patier  Int to the H  r of the eighty (18  The unders: upon oath, ends to holes  set fort	atment or maintent of maintent or maintent or maintent of maintent of maintent of maned individual at's illness or incomplete illness or incomplete illness of individual of the Hospital I	ance during the  The patient's sand/or entities of perjury, sien as described ng statement are
STATE OF I	) ss:	BY:	<u>Angu Duk W</u> Angie Bjukich	· 
Angie Djukich , being a Patient Representative for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.				
My Commiss	(2) cribed and sworn to before m	Act of	fore San	Notary Public
This Instr	ument Prepared By: Clyde D. 8700 Bro	Compton, At	ctorney at Law illville, IN 4641	(int)