TO:

131381



2004 042631

2004 HAY 21 314 14 0 8

Return To:

Hodges & Davis, PMCARS 8700 Broadway, Merrillville, IN 46410

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

TO:	Nancy Randhan			
Patient:	Nancy Randhan	Attorney:		
	2889 Hancock St	-		<del>_</del>
	Lake Station, In	<u>4</u> 6405		
Lake County 2293 North	Lake County, Ind Government Center Main Street , Indiana 46307	r 311 W. Suite	a Department of Insu: Washington Street 300 apolis, Indiana 4620	
Street, Gar necessary of patient as	ry, IN 46402, interharges for hospitate follows:	ed that THE METHODI ends to hold a Hospital care, treatment or <b>Document is</b>	tal Lien for all rea maintenance of the a	asonable and above listed
1.	charged from the	dmitted to the hospita nospital on May 3	April 21	2004
2. above hosp: (\$ 36,171.91	The amount due for italization is The Dollars.  To the best of the	hospital care, treat irty-Six Thousand One Hu Hospital's knowledge	ment or maintenance undred Seventy-One and	91/100 patient's
legal repre	sentative claims t	that the following nar	med individuals and,	or entities/
are liable hospital st	for damages arisi	ng from the patient'	s illness or injury	causing the
33-4 in th located, w discharged instrument, hereby stat	ie Office of the ithin one hundre from the Hospit having been duly es that the Hospitchat the facts an	d pursuant to the Hosp Recorder of the Con ed and eighty (180) tal. The undersign y sworn upon oath, u ital intends to hold d matters set forth	unty in which the days after the posterior of the penalties the Hospital Lien a	Hospital is patient was cuting this of perjury, as described
		(1)	a and	
STATE OF IN	ר ד א א זא א	(1) BY:	igie Hukich	
STATE OF IN	) ss:		Angie Djukich	
COUNTY OF L				
Hospitals,	e Djukich Inc., being duly re true and correc	_, being a <u>Patient Re</u> sworn upon oath, say t.	epresentative for The state state state in the facts state in the facts state in the state of th	e Methodist ated in the
		(2) $(2)$	ione Diskich	
Subscr My Commission	, 2004.	before me, a Notary F  A Resident o	Sopery Nota	day of ry Public
<u> 1 March</u>	24,2011			4
This Instrum	ment Prepared By: (	Clyde D. Compton, Atto 8700 Broadway, Merril		14
		SEAL SEAL	Official Seal SHERI LOPEZ Resident of Lake County, IN My commission expires	CR 1154
121281		OIAN	March 24, 2011	<b>–</b> (5