STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2005 044708

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Acct 355279902

TO:



Return To:

Sarah Trolinder

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Recorder of Lake Cour Lake County Government 2293 North Main Street Crown Point, Indiana You are hereby Street, Gary, IN 464 necessary charges for patient as follows: 1. The patient and was discharged from above hospitalization (\$ 3,288.00 3. To the best legal representative are liable for damage hospital stay: This Lien is best and in the Office located, within one discharged from the instrument, having the hereby states that the above and that the true and correct. STATE OF INDIANA COUNTY OF LAKE Angie Djukithospitals, Inc., beither the street of t	ids, MI 49544 hty, Indiana at Center et 46307 / notified that 102, intends to he respital care, the Mospital of the Hospital of the Hospital claims that the fees arising from the Hospital. The enduly sworn with Hospital intenfacts and matters	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204 THE METHODIST HOSPITALS, INC., 600 Gra old a Hospital Lien for all reasonable a creatment or maintenance of the above list the hospital on December 16, 2004 munder the hospital care, treatment or maintenance during the nd Two Hundred Eighty-Eight 's knowledge, the patient or the patient's following named individuals and/or entiti he patient's illness or injury causing t to the Hospital Lien Law, I.C. Section 3 of the County in which the Hospital ighty (180) days after the patient w he undersigned individual executing the undersigned individual executing the hospital Lien as describ set forth in the foregoing statement a
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COUNTY OF LAKE Angie Djuki Hospitals, Inc., bei		THE METHODIST HOSPITALS, INC.
COUNTY OF LAKE Angie Djuki Hospitals, Inc., bei	(1)	BY: <u>Angis Qukuh</u> Angie Angie Angie
Angie Djuki Hospitals, Inc., bei)	Angle g Jukich
Hospitals, Inc., bei) ss:)	
Hospitals, Inc., bei	ch , being	a <u>Patient Representative</u> for The Methodi
foregoing are true and	ng duly sworn upo	on oath, says that the facts stated in t
	(2)	Angie Djukich
Subscribed and , 2005	sworn to before me	e, a Notary Public, this day of
	·	Dang Pillaka
My Commission Expires	3 :	Notary Public A Resident of Six County
This Instrument Prens		%
inis institutent Prepa		Compton, Attorney at Law
		adway, Merrillville, IN 46410 (WC) (