STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2005 046204

2005 JUN - 6 PM 1: 19

MICHAEL A. BROWN RECORDER

Acct 654187475

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Evagene L. Pierce Evagene L. Pierce 1220 w 150th St. East Chicago, IN 46312	Attorney:
Lake Count 2293 North Crown Poir	of Lake County, Indiana Ty Government Center In Main Street Int, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
necessary	charges for hospital care follows:	t THE METHODIST HOSPITALS, INC., 600 Grant hold a Hospital Lien for all reasonable and treatment or maintenance of the above listed
1.	The patient was admitted	to the hospital on March 06 , 2005
above hosp (\$ 656 3. legal repr	The amount due for hospital italization is Six Hundre .00 Dollars. To the best of the Hospit esentative claims that the for damages arising from	Conun March 06 der 2005 .
located, discharged instrument hereby sta	within one hundred and from the Hospital. , having been duly sworn tes that the Hospital into that the facts and matte	er of the County in which the Hospital is eighty (180) days after the patient was The undersigned individual executing this upon oath, under the penalties of perjury, tends to hold the Hospital Lien as described ers set forth in the foregoing statement are
		THE METHODIST HOSPITALS, INC.
STATE OF IN) ss:	BY: <u>Angle Dukuh</u> Angie Dukich
oprearb,	ngie Djukich , being Inc., being duly sworn u re true and correct.	g a <u>Patient Representative</u> for The Methodist pon oath, says that the facts stated in the
	(2)	Cinque DiuRich Angie Djukich
Subsci	ribed and sworn to before a	Angie Djukich me, a Notary Public, this, day of
My Commissi		
	3-24.01	Notary Public A Resident of Size County 31
This Instru	ment Prepared By: Clyde D.	County