STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2005 046692

2005 JUN -7 PH 1: 13

Acct 355386830

TO:

MICHAEL A. ERCWA RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

TO: Patient:	Deldrick Willis Deldrick Willis 4468 Pennsylvania Gary, IN 46408	Attorney:		
Lake Count 2293 North Crown Poin	of Lake County, India y Government Center Main Street t, Indiana 46307	311 Suit Indi	ana Department of I W. Washington Stree e 300 anapolis, Indiana 4	t 6204
necessary	are hereby notified ary, IN 46402, intercharges for hospital follows:	nds to hold a Hosp	oital Lien for all	, ,
above hosp	The patient was admischarged from the hor The amount due for italization is Nine 40.00 ) Dollar	ospital on <u>April</u> hospital care, tree Thousand Three Hu	atment or maintonan	
3. legal repr	To the best of the esentative claims the for damages arising	Hospital's knowledges the following n	lamed indittiduals.	
located, v discharged instrument, hereby state	Lien is being filed he Office of the vithin one hundred from the Hospita having been duly tes that the facts and errect.	and eighty (180) The undersi sworn upon oath,	County in which the county in which the county individual equal to the penaltical time.	e Hospital is patient was executing this es of perjury,
		THE METHOD	IST HOSPITALS, INC.	
STATE OF IN	) ss:	(1) BY:(	Angie Dukuch	<del></del>
1	gie Djukich , Inc., being duly so re true and correct.	WULII UDON NATH. SA	Representative for ys that the facts	The Methodist stated in the
		(2)	Ingle QuR (ch Angie Ajukich	
Subscr	ibed and sworn to be, 2005.	efore me, a Notary	Angie Ajukich Public, this	day of
My Commission		Dang	. Steller	
3/24/200	08	A Resident o	of <u>Lake</u>	tary Public County
his Instrum	nent Prepared By: Cl 87	yde D. Compton, Att '00 Broadway, Merri	corney at Law llville, IN 46410	Ch 12380
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