

2006 008464

2006 FEB -2 PM 3:52

MICHAEL A. BROWN  
RECORDER

Acct 638525873

Return To: Hodges & Davis, P.C.  
8700 Broadway, Merrillville, IN 46410

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

TO: Anastas Mukoski  
Patient: Anastas Mukoski  
10195 Floyd St  
Crown Point, IN 46307

Attorney: Alexander Lopez  
101 E 90th Dr Suite B  
Merrillville, IN 46410

Recorder of Lake County, Indiana  
Lake County Government Center  
2293 North Main Street  
Crown Point, Indiana 46307

Indiana Department of Insurance  
311 W. Washington Street  
Suite 300  
Indianapolis, Indiana 46204

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:

- The patient was admitted to the hospital on November 26, 2005 and was discharged from the hospital on November 26, 2005.
- The amount due for hospital care, treatment or maintenance during the above hospitalization is One Thousand Seven Hundred Thirty-Three (\$ 1,733.00 ) Dollars.
- To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the following named individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital stay:

This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the Office of the Recorder of the County in which the Hospital is located, within one hundred and eighty (180) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having been duly sworn upon oath, under the penalties of perjury, hereby states that the Hospital intends to hold the Hospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct.

THE METHODIST HOSPITALS, INC.

STATE OF INDIANA )  
 ) ss:  
COUNTY OF LAKE )

(1) BY: Angie Djukich  
Angie Djukich

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.

(2) Angie Djukich  
Angie Djukich

Subscribed and sworn to before me, a Notary Public, this 9th day of January, 2006

My Commission Expires: March 24, 2011 Notary Public

A Resident of Lake County

This Instrument Prepared By: Clyde D. Compton, Attorney at Law  
8700 Broadway, Merrillville, IN 46410

ck 12883  
11-  
Cam

142583



Prescribed by the  
State Board of Accounts  
(2005)

County form 170

### Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number(s) in attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

*Angie Djukich*

Signature of Declarant



Angie Djukich

Printed Name of Declarant

142583