2006 008470

2006 FEB - 2 PH 3: 52

MICHAEL A. BROWN RECORDER

Acct 612163139 & 612164434

Return To:

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

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

ro:	Mary E. Bode			
Patient:	Marý E. Bode	Attorney:		<del></del>
	4580 Pierce St			
	Gary, IN 46408			
Recorder o	of Lake County, Indiana		ana Department of	
Lake Count	y Government Center	311	W. Washington Stre	et
	Main Street		te 300	4.6004
Crown Poin	it, Indiana 46307	Indi	anapolis, Indiana	46204
Street, Ganecessary patient as  1. and was di 2. above hosp (\$ 53, 3. legal reprare liable hospital s	The amount due for he ditalization is Fifty 405.80 Dollar To the best of the Heresentative claims that e for damages arising stay:	care, treatment  cument is the  ted to the hosp  orital on Decem  ospital care, tr  Three Thousand  rs.  ospital's knowle  t the following  from the patie	or maintenance of  property of ital on December 12 ber 23 , 2005 eatment or maintena Four Hundred Five a dge, the patient or named individuals ent's illness or in	the above listed  2005  nce during the nd 80/100  the patient's and/or entities jury causing the
33-4 in located, discharged instrument	the Office of the Rewithin one hundred d from the Hospital t, having been duly sates that the Hospital that the facts and	ecorder of the and eighty (1 . The under oath intends to he	County in which 80) days after to signed individual under the penaltold the Hospital L	the Hospital Is the patient was executing this ties of perjury, ien as described
THE METHODIST HOSPITALS, INC.				
STATE OF	) `ss:	(1) BY:	Angio Djukigh	cih
Hospitals	Angie Djukich , , Inc., being duly sw are true and correct.	orn upon oath,	t Representative f says that the fac	or The Methodist ts stated in the
		(2)	angio Dius	cch.
		<del></del>	Argie Djukich	<u></u>
Subs	scribed and sworn to be	efore me, a Nota	ry Public, this $\underline{9}$	day of
January	<b>*</b> • • • •		lama	
. () !		_O)Wa D	10/ll	Notary Public 02
Mỹ Commis	sion Expires:	A Rosido	nt of <u>Lake</u>	County 287
This Inst	nanch 24:7011 rument Prepared By: Cl	yde D. Compton,		arlani
				ficial Seal A STONE

County form 170

Prescribed by the State Board of Accounts (2005)

## 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. This Document is the property of
- 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.

Signature of Declarant

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