2006 008936

STATE OF INDIAM LAKE COUNTY FILED FOR RECORD

2006 FEB -3 PM 1: 12

MICHAEL A. BROWN RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF	THIENTION TO HOLD HOSPITAL LIEN
TO: GONCHIGDAMBA BAYARSAIKHA	AN
Patient: GONCHIGDAMBA BAYARSAIKH	
2836 FARRGUTE AVENUE	
CHICAGO, IL 60625	
Recorder of Lake County, Indiana	Indiana Department of Insurance
Lake County Government Center 2293 North Main Street	311 W. Washington Street Suite 300
Crown Point, Indiana 46307	Indianapolis, Indiana 46204
Clowir Foliic, Indiana 10007	
Street, Gary, IN 46402, intends to h necessary charges for hospital care,	THE METHODIST HOSPITALS, INC., 600 Grant cold a Hospital Lien for all reasonable and treatment or maintenance of the above listed
patient as follows:	ument is
	ncare, treatment or maintenance during the
above hospitalization is SEVENTEEN (\$ 17,675.00 ) Dollars.	THOUSAND SIX HUNDED SEVENTY FIVE 00/100
	's knowledge, the patient or the patient's
	following named individuals and/or entities
	the patient's illness or injury causing the
hospital stay:	
33-4 in the Office of the Recorder	t to the Hospital Lien Law, I.C. Section 32- c of the County in which the Hospital is
located, within one hundred and e	eighty (180) days after the patient was
instrument having been duly sworn	he undersigned individual executing this upon oath, under the penalties of perjury,
	ands to hold the Hospital Lien as described
	s set forth in the foregoing statement are
true and correct.	SEAL SE
	WOJANA
	THE METHODIST HOSPITALS, INC.
(1)	BY: Che price Vorres
STATE OF INDIANA )	JESSICA TORRES
) ss:	U
COUNTY OF LAKE )	
T TECCTON MODDEC hoirs	Dationt Donnagontative for The Methodist
Hospitals, Inc., being duly sworn up	Patient Representative for The Methodist on oath, says that the facts stated in the
foregoing are true and correct.	
<u> </u>	( )
(2)	Jessica Jorres
Subscribed and swarp to before m	JESSICA TORRES  Die, a Notary Public, this 20+0 day of
Canuau, 2006.	e, a notary rubite, this <u>AOTY</u> day of
The state of the s	Sheri FORM
My Commission Expires:	Notary Public
Marah M. Onli	A Resident of Kake County
This Instrument Prepared By: Clyde D.	Compton Attorney at Law
THIS THEORY WILL FLEDGIED BY. CIANG D.	VO

Official Seal SHERI LOPEZ
Resident of Lake County, IN
My commission expires
March 24, 2011

8700 Broadway, Merrillville, IN 46410

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.

  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

Signature of Declarant

Printed Name of Declarant

142745