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STATE OF INDIAN.
LAKE COUNTY
FILED FOR RECORD

2006 008937

2006 FEB - 3 PM 1: 12

MICHAEL A BROWN RECORDER

Official Seal

JESSICA TORRES
Resident of Lake County, IN
My commission expires
March 24, 2011

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	MIKE KLIMIS MIKE KLIMIS 4175 CONNECTICUT ST GARY, IN 46409	Attorney: 		
Lake Count 2293 North	of Lake County, India ty Government Center h Main Street nt, Indiana 46307	311 V Suite	ana Department of In W. Washington Street e 300 anapolis, Indiana 46	
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:				
2.	ischarged from theth	ospital on SEPTEM hospital care, tre	atment or maintenand	
3. legal rep	resentative claims t e for damages arisin	hat the following a		and/or entities
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) ss:	(1) BY: MELIS	LLISA VASQUEZ Y	
I MELISSA VASQUEZ , 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.				
١ ـ	scribed and sworn to	(2) MELISSA VI before me, a Notar	~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	day of
marci	sion Expires: 24, 2011 rument Prepared By:	A Resident	t of Sakl	Notary Public County
8700 Broadway, Merrillville, IN 46410				

142746

Prescribed by the State Board of Accounts (2005)

County form 170

Declaration

Document is

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 herby 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 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.

Signature of Declarant

Printed Name of Declarant

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