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MICHAEL A BROWN RECORCER

Acct 355509621

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Shanal Bar		9 4 4 5 5 5 5 5		
Patient:	Shanal Barnett 616 Louisiana St		Attorney: _		<u>. </u>
	Gary, IN 4		_		
•			_		1
		ty, Indiana		a Department of	
Lake County Government Center				Washington Str	eet
2293 North Main Street Crown Point, Indiana 46307			Suite		46204
Crown Poin	t, Indiana	46307	Indian	apolis, Indiana	40204
Street, Ganecessary patient as 1. and was di 2. above hosp (\$ 2.0 3. legal reprare liable	ary, IN 464 charges for follows: The patient scharged from The amount pitalization 46.00 To the best esentative of the for damage.	This Document was admitted om the hospital due for hospital due for hospital due for hospital tof the Hospital claims that the	treatment or to the hospita on August 2 al care, treat al Forty-Six al's knowledge following na	maintenance of maintenance of all on August 24 24 2005 tment or maintenance, the patient of med individual	INC., 600 Grant Il reasonable and the above listed , 2005 ance during the r the patient's s and/or entities njury causing the
hospital s	_				
33-4 in to located, discharged instrument hereby sta	the Office within one from the from the from the factor that that the factor that the factor from the factor f	of the Records hundred and Hospital. een duly sworn he Hospital int	er of the Co eighty (180) The undersig upon oath, usends to hold	ounty in which days after ned individual under the penal the Hospital I	I.C. Section 32- the Hospital is the patient was executing this ties of perjury, tien as described ang statement are
			MUS MEMUADI	ST HOSPITALS, IN	ic.
			THE METHODI.	or nosellaus, in	
		(1)	BY:	Angle Digkich	ıck
STATE OF I)) ss:		Andie Djøkich	·
COUNTY OF	LAKE)			
Hospitals,		ng duly sworn u			for The Methodist ts stated in the
		(2)	$\underline{\hspace{1cm}}$	ngle Dukich Magie Djukich Public, this <u>3</u>	cl
C.sh.c.s	aribed and a	warn to hafara	me a Notaru	Public this	15T day of
) Annana	, 2006	MOTH TO DETOTE	me, a Notary		ı day or
) anuary			Sixon 1	Vone	
My Commiss	ion Expires	:			Notary Public
-	_		A Resident o	of <u>Lake</u>	County
March 2 This Instr	<u>74 2011</u> ument Prepa	_ red By: Clyde D 8700 Br		corney at Law llville, IN 4641	County (12916)
				Official Co	
142914	•			Official Se LISA STON Resident of My commiss March 24, 2	E Lake County, IN ion expires

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 true.

Signature of Declarant

Angie Djukich
Printed Name of Declarant

142914