LAKE COUNT FILED FOR RECOR.

2006 074893

2006 AUG 25 PM 1:21

Acct 200033075

MICH AS A RECORDER

Return To: Hodges & Davis, P.C.
8700 Broadway, Merrillville, IN 46410
SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Lloyd Carter Lloyd Carter 600 New Jersey St. Gary, IN 46403	Attorney:	
Lake Count 2293 North	f Lake County, Indiana y Government Center Main Street t, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204	
IN 46402, hospital call and was discontinuous discontinuou	intends to hold a Hosp are, treatment or mainte The patient was admitt scharged from the hospit The amount due for hos	t THE METHODIST HOSPITALS, INC., 600 Grant vital Lien for all reasonable and necessal enance of the above listed patient as followed to the hospital on March 18, 2006 tal on March 18, 2006 care, treatment or maintenance during usand Six Hundred Ninety-Six	ry charges for ows:
(\$\frac{1,69}{3.}\] legal repr liable for stay:	To the best of the Hose esentative claims that damages arising from	spital's knowledge, the patient or the patient the following named individuals and/or the patient's illness or injury causing	r entities are g the hospital
the Office hundred an undersigned the penalt Lien as d	of the Rec <mark>order of th</mark> d eighty (180) days aft d individual executing t ies of perjury, hereby	rsuant to the Hospital Lien Law, I.C. Sect ne County in which the Hospital is locat ter the patient was discharged from the this instrument, having been duly sworn up states that the Hospital intends to hole at the facts and matters set forth in	ed, within one Hospital. The on oath, under d the Hospital
STATE OF I) ss:	(1) BY: Cingle Djuktch	
	Inc., being duly sworn	being a <u>Patient Representative</u> for upon oath, says that the facts stated in	
August My Commissi	on Expires:	(2) Angie Djukich Angie Djukich Ore me, a Notary Public, this day of Sherry C. Houst Notary Pu A Resident of Lake Cou	
I affirm,	10, 2013 under the penalties for security number in thi	r perjury, that I have taken reasonable of	care to redact

Compton, Attorney at Law 1) Olyde D Compton, Attorney at Law 8700 Byoadway, Merrillville, IN 46410

> Official Seal
> SHERRY C. FOUST
> Resident of Lake County, IN
> My commission expires
> October 10, 2013 (SEAL) Ck 13312

146785

This Instrument Prepared By: