STATE OF INDIA: ... LAKE COUNTY FILED FOR RECORD

## 2006 076245

2006 AUG 30 AH 10: 28

Acct 100039485

MICHAEL A, BROWN RECORDER

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

Patient: Lakeysha C. Speak  Lakeysha C. Speak  6329 B Mosport Ct  Indianapolis, IN 462	es Attorney:
Recorder of Lake County, Indian Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
IN 46402, intends to hold a Hohospital care, treatment or main and was discharged from the hose 2. The amount due for above hospitalization is One To (\$ 1,027.00 ) Dollar 3. To the best of the legal representative claims the	nospital care, treatment or maintenance during the nousand Twenty-Seven
the Office of the Recorder of hundred and eighty (180) days undersigned individual execution the penalties of perjury, here.	the County in which the Hospital is located, within one after the patient was discharged from the Hospital. The this instrument, having been duly sworn upon oath, under by states that the Hospital intends to hold the Hospital intends to that the facts and matters set forth in the foregoing.  THE METHODIST HOSPITALS, INC.
STATE OF INDIANA ) ) ss: COUNTY OF LAKE )	Apple Djukich
	being a <u>Patient Representative</u> for The Methodist on upon oath, says that the facts stated in the foregoing
Subscribed and sworn to be	(2) <u>Ongue DuRuch</u> Angis Djukion fore me, a Notary Public, this 3pl day of
July , 2006.	Busa Stone  Notary Public
My Commission Expires:  March 24, 2011	Notary Public A Resident of <u>Lake</u> County
each social security number in t This Instrument Prepared By:	or perjuty, that I have taken reasonable care to redact his document, unless required by law.
,	Broadway, Merrillville, IN 46410

Official Seal LISA STONE Resident of Lake County, IN My commission expires March 24, 2011 (SEAL) POIAND

146773

ON 13316