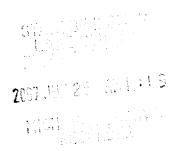
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TO:

Patient:

Return To: Ho

Alexandra Delgado
Alexandra Delgado

5513 Homerlee Ave

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

Recorder of Lake County, Indiana Lake County Government Center 211 M. Washington Street Suite 300 Trois 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: 1. The patient was admitted to the hospital on May 13, 2007 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Two Thousand Nine Hundred Sixty-Seven (\$\frac{2.967.00}{3.70}\$ bollows 3. To the best of the Hospital's knowledge, the patient or the patient's legal representative plains, that the following named individuals and/or entities are liable for damages sfising from the patient's illness or injury basising the hospital stay: This Lien is being files pursuant to the hospital but haw, Itol. Section 32-33-4 in the Office of the Recorder of the County in which the Hospital is located, within one hundred and eligibly (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 or perjury, hereby states that the Rospital intends to hold the Rospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct. THE METHODIST HOSPITALS, INC. (1) BY: STATE OF INDIANA Subscribed and sworn to before the a Notary subscribed by law. **Colorum 10 _ 2003** My Commission Expires: **Colorum 10 _ 2003** My Commission Expires: **Colorum 10 _ 2003** **This Instrument Prepared By: **Colorum 10 _ 2003** This Instrument Prepared By: **Colorum 10 _ 1003** **Colorum	East Chicago, in 40512	
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: 1. The patient was admitted to the hospital on May 13, 2007 2. The amount due for hospital on May 13, 2007 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Two Thousand Nine Hundred Sixty-Soven. (\$ 2,967.00) Dollars. 3. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the following named individuals and/or entities are liable for damages afising from the patient's illness or injury causing the hospital stay: 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 bath, 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. (1) BY:	Lake County Government Center 2293 North Main Street	311 W. Washington Street Suite 300
and was discharged from the hospital on May 13, 2007 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Two Thousand Nine Hundred Sixty-Seven (\$ 2,967.00) Dollars. 3. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the following samed individuals and/or entities are liable for damages affising from the patient's illness or injury causing the hospital stay: This Lien is being filed pursuant to the Hospital Lien haw, 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 elonty (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. STATE OF INDIANA STATE OF INDIANA STATE OF INDIANA Subscribed and sworn to before me, a Notary Public, his day of NOTATE OF LAKE Subscribed and sworn to before me, a Notary Public, this day of NOTATE OF LAKE Subscribed and sworn to before me, a Notary Public, this day of NOTATE OF LAKE Subscribed and sworn to before me, a Notary Public begins of Lake County Cloken 10, 20,3 I affirm, under the penalties for perfusy, that I have taken reasonable care to redact each social security number in this dotulent, unless fegulated by law. This Instrument Prepared By: Clyde D. Compton, Attorney at Law (1) Cryde D. Compton, Attorney at Law (1)	IN 46402, intends to hold a Hospital I	lien for all reasonable and necessary charges for
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. (1) BY: THE METHODIST HOSPITALS, INC. (2) Angle Pjukich Subscribed and sworn to before me, a Notary Public, this Aggie Djukich Subscribed and sworn to before me, a Notary Public, this Aggie Djukich October 10, 2013 I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless featured by law. Cryde D. Compton, Attorney at Law October 10. Cryde D. Compton, Attorney at Law This Instrument Prepared By:	and was discharged from the hospital on 2. The amount due for hospital above hospitalization is _Two Thousand N (\$ 2,967.00) Dollars. 3. To the best of the Hospital legal representative claims that the liable for damages arising from the	May 13, 2007 care, treatment or maintenance during the line Hundred Sixty-Seven s knowledge, the patient or the patient's following named individuals and/or entities are
STATE OF INDIANA) ss: COUNTY OF LAKE I Angle Djukich , 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. (2) Angle Djukich Subscribed and sworn to before me, a Notary Public, this / A day of (1) BY: I Angle Djukich An	This Lien is being filed pursuant the Office of the Recorder of the Counhundred and eighty (180) days after the undersigned individual executing this is the penalties of perjury, hereby state Lien as described above and that the	nty in which the Hospital is located, within one e patient was discharged from the Hospital. The instrument, having been duly sworn upon oath, under s that the Hospital intends to hold the Hospital e facts and matters set forth in the foregoing
Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) Angie Dinkich Subscribed and sworn to before me, a Notary Public, this day of My Commission Expires: A Resident of Lake County I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law. This Instrument Prepared By: Cryde D. Compton, Attorney at Law	STATE OF INDIANA)) ss: COUNTY OF LAKE	BY: Angle Dukich
My Commission Expires: A Resident of Lake County I affirm, under the penalties for perfury, that I have taken reasonable care to redact each social security number in this document, unless required by law. This Instrument Prepared By: Clyde D. Compton, Attorney at Law (1) Clyde D. Compton, Attorney at Law (1) (2) (1) (1) (1) (2) (1) (1)	Hospitals, Inc., being duly sworn upon are true and correct. (2)	oath, says that the facts stated in the foregoing Angle Dinkich
A Resident of Lake County () Cloker 10, 2013 I affirm, under the penalties for perfusy, that I have taken reasonable care to redact each social security number in this document, unless required by law. This Instrument Prepared By: Clyde D. Compton, Attorney at Law	Tince, 2007.	Theren C fair
each social security number in this document, unless required by law. This Instrument Prepared By: Clyde D. Compton, Attorney at Law	October 10,2013	A Resident of Lake County
Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410	each social security number in this docu	ment, unless required by law.
	C l yde D.	Compton, Attorney at Law Jadway, Merrillville, IN 46410



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