STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2007 056657

2007 JUL 12 AM 10: 36

MICHAEL A. BROWN RECORDER

Acct#100119880

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

| TO: | Joi Scott | | | |
|---|---|--|--|---|
| Patient: | Joi Scott | Attorney: | | |
| | 670 New Hampshire St | . | | |
| | Gary, IN 46403 | - - | | |
| | Lake County, Indiana Government Center | | ana Department of In. V. Washington Street | |
| | Main Street | Suite | <u>-</u> | |
| Crown Point | t, Indiana 46307 | Indi <i>a</i> | anapolis, Indiana 46 | 204 |
| IN 46402, hospital ca | are hereby notified that intends to hold a Hospare, treatment or maintenance. | pital Lien for all and above | reasonable and nece listed patient as for | essary charges for ollows: |
| 1. and was dis | The patient was admits scharged from the hospit The amount due for hospit | tal on <u>June 10,</u> | 2007 | uring the |
| above hospi | talization is <u>Two thou</u> | isand and thirty six | dollars and 00/100 | |
| 3. legal repre | To the best of the Hosesentative claims that damages arising from | the following nam | the patient or the ped individuals and | d/or entities are |
| the Office hundred and undersigned the penalt: Lien as de | Lien is being filed pure of the Recorder of the deighty (180) days af individual executing ties of perjury, hereby escribed above and the are true and correct. | ne County in which ter the patient was this instrument, had states that the Ho at the facts and | the Hospital is loss discharged from the ving been duly sworm ospital intends to matters set forth | cated, within one he Hospital. The upon oath, under hold the Hospital |
| | | (1) BY: METHODI | lica Troops | 21 |
| STATE OF IN | idiana)) ss: | MOIANA STITE | Milica Trosper | |
| COUNTY OF I | AKE) | The state of the s | | |
| . | Milica Trosper , Inc., being duly sworn | being a <u>Patient</u> upon oath, says th | Representative for | |
| | de dolloot. | (2) | Milica Trospet | 7 |
| Jules | ribed and sworn to before, 2007. | ore me, a Notary Pub | - /// | ay of |
| My Commissi Whas | on Expires: | A Resident | | v fublic County |
| I affirm, each social | under the penalties for security number in th | perfury, that I | have taken reasonab equired by law | le care to redact |
| | ment Prepared By: | Harry | orney at Law | D. D. W. |
| | | | | ∤)′ 1 / ° |

