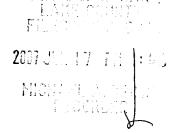
2007 058117

Latonya Reddix



100121364

TO:

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

| Patient: | Latonya Reddix | Attorney: | |
|---|--|---|----------------------------------|
| | 1318 Old Powder Springs | | |
| | Mableton, GA 30126 | | 10 |
| | | Indiana Department of | Ingurance |
| | f Lake County, Indiana | 311 W. Washington Str | |
| | y Government Center Main Street | Suite 300 | |
| | Indiana 46307 | Indianapolis, Indiana | 46204 |
| | | <u>-</u> | |
| TN 46402. | intends to hold a Hospita are, treatment or maintenan | E METHODIST HOSPITALS, INC., 60 Lien for all reasonable and rece of the above listed patient a | necessary charges for s follows: |
| 1. | The patient was admitted | to the hospital on June 17, | 2007 |
| | scharged from the hospital | on June 17, 2007 | . during the |
| 2. | The amount due for hospit | al care, treatment or maintenance | e during the |
| | | d Three Hundred Eighty-Seven | |
| 3 | To the best of the Hospit | al's knowledge, the patient or t | he patient's |
| legal repr | esentative claims that th | e following named individuals | and/or entities are |
| liable for | damages arising from the | patient's illness or injury | causing the hospital |
| a+ a++ | | | |
| | This Docur | nent is the property I. | Section 32-33-4 in |
| This | Lien is being filed pursue | ounty in which the Hospital is | located within one |
| bundred and | d eighty (180) days after | the patient was discharged fro | m the Hospital. The |
| 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 penalt. | ies of perjury, hereby st | ites that the Hospital intends | to hold the Hospital |
| Lien as d | escribed above and that | the facts and matters set for | th in the foregoing |
| statement a | are true and correct. | THE REPORT OF WARRING TO | |
| | | THE METHODIST HOSPITALS, IN | |
| | | 1) BY: (ingle Drukt | sh |
| STATE OF IN | | Angle Djykich | |
| |) ss: | | |
| COUNTY OF I | LAKE) | | |
| | | eing a Patient Representative | for The Methodist |
| 1 <u>Ar</u> | | on oath, says that the facts st | |
| | nd correct. | on oath, says that the rades so | |
| are true ar | | 2) Ungue Di UR 18 | n |
| | | Apprie Drukich | |
| Subso | cribed and sworn to before | me, a Notary Public, this 27 m | _ day of |
| June | | | |
| 2 | | - Bur Stone | otary Public |
| My Commiss: | ion Expires: | A Resident of Lake | County |
| march | 24, 2011 | | |
| I affirm, | under the penalties for p | rniy, that I have taken reason | onable care to redact |
| | 1 security number in this | comment, unless required by law. | all- 1112 |
| | 1/1 | 118-11/1 - | CL#14112 |
| This Instru | ument Prepared By: Clyde | D. Compton, Attorney at Law | |
| | | roadway, Merrillville, IN 46410 |) |
| | 3700 | — · · · · · · · · · · · · · · · · · · · | |
| | | | |

