STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2007 080351

2007 OCT -9 AM 9: 59

Account #200209476

TO:

MICHAEL A. BROWN RECORDER

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

TO:	CATHERINE M. YORK		
Patient:	CATHERINE M. YORK	Attorney:	
	5380 CONNECTICUT ST.		
	MERRILLVILLE, IN 46410		
Pagarder	of Lake County, Indiana	Indiana Departmen	t of Insurance
Lake County Government Center 311 W. Washington Street			
	h Main Street	Suite 300	
	nt, Indiana 46307	Indianapolis, Ind	iana 46204
	·		
You	are hereby notified that THE M	THODIST 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	f the above listed	patient as follows:
1.	The patient was admitted to t	ne hospital on AUG	UST 26, 2007
and was d	ischarged from the hospital on	AUGUST 26, 2007	
2. The amount due for hospital care, treatment or maintenance during the			
above hospitalization is TWO THOUSAND EIGHT HUNDRED FORTY FIVE AND 00/100			
(\$ 2,845.00) 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 arising from the patient's illness or injury causing the hospital			
stay:	of damages affishing from the		Tinjury Sausing Sils inspiration
_	11010	TITULE	T G G at the 22 22 4 to
Thi	s Lien is being filed pursuant	o the Hospital Lie	an Law, 1.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 HOS	PITALS, INC.
			2 2 2 4
	(1)	BY: unqu	Durch
STATE OF		ANGIE DJUNICH	
COUNTY OF) SS:		
COUNTI OF	LIANE		
T ANG	IE DJUKICH , being a Patie	t Representative	for The Methodist Hospitals.
I ANGIE 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.			
	86		2 1:
	(2)	Ungre de	us ich
	scribed and sworn to before me,	ANGIE DJUKICH	···ICTIV
Sub	scribed and sworn to before me,	a Notary Public, t	his Ame day of
Septemb	ow , 2007.	Rusa Stor	
My Commis	sion Expires:	V Mag ZDI CI	Notary Public
11, 0011111111	Distribution (A Resident of	Raine County
March	24, 2011		- Andrew Andrews Andrews
	under the penalties for perju		
each soci	al security number in this defeur	ent, unles requir	_
This Inst	rument Prepared By:		(b) 14292
T11TO THOC		Compton, Attorney	at Law //
	•	dway, Merrillville	, IN 46410
	[-]	<u>.</u> .	(1/H
		· ·	
			Official Seal
		ON	(SEAL) Resident of Lake County, IN
		1	My commission expires March 24, 2011
			- maior 24, 2011