STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2007 080359

2007 OCT -9 AM 9: 59

200207884

Aimee E. Lee

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

Patient:	Aimee E. Lee	Attorney:
	6419 Roosevelt St	
	Merrillville, IN 46410	
Recorder of	f Lake County, Indiana	Indiana Department of Insurance
Lake County	y Government Center	311 W. Washington Street
	Main Street	Suite 300
	t, Indiana 46307	Indianapolis, Indiana 46204
	-,	maranaporis, marana 40204
IN 46402,	intends to hold a Hospital L are, treatment or maintenance	METHODIST HOSPITALS, INC., 600 Grant Street, Gary, ien for all reasonable and necessary charges for of the above listed patient as follows:
1.	The patient was admitted to	the hospital on August 20, 2007
	scharged from the hospital on	<u>August 20, 2007</u> .
2.	The amount due for hospital	care, treatment or maintenance during the
	italization is <u>Eight Hundred</u>	Sixty-Four
	64.00) Dollars.	11ment 1s
3.	To the best of the Hospital'	s knowledge, the patient or the patient's
legal repr	esentative claims that the f	ollowing named individuals and/or entities are
liable for	damages arising from the	patient's illness or injury causing the hospital
stay:	1102	
	This Dooume	nt is the property of
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 Coun	ty in which the Hospital is located, within one
hundred and	d eighty (180) days after the	e patient was discharged from the Hospital. The
undersigned	d individual executing this in	strument, having been duly sworn upon oath, under
the penalt:	ies of perjury, hereby states	that the Hospital intends to hold the Hospital
Lien as de	escribed above and that the	facts and matters set forth in the foregoing
statement a	are true and correct.	
		THE METHODIST HOSPITALS, INC.
	(1)	Consider Out Dish
	(1)	BY: Ungel Gurur
STATE OF IN		Argie Djokich
COLUMN OF T) ss:	
COUNTY OF L	JAKE)	
Τ 70	America Division	
	Angie Djukich , being	a <u>Patient Representative</u> for The Methodist
Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.		
are true an		
	(2)	Chaque Djurkich
G 1		Khgie Tjukich
Subsc	cribed and sworn to before me,	a Notary Public, this 26th day of
Jeptem W	<u>v1</u> , 2007.	
		- Bugstone
My Commissi	on Expires:	Notary Public
.01.	21.0411	A Resident of Lake County
march 2	14,2011	
T ~ £ £ !	and a state of the	
	under the penalties for perju	
each social	security number in this becum	ent, unless required by law.
This Instru	ment Prepared By:	1. 1V2
THE THEELO		Ch 14292
	#19de D 8700 Bros	Compton, Attorney at Law //-
	o / UU Bro	dway, Merrillville, IN 46410
	(/	Λ . N
•		Official Seal LISA STONE
		Resident of Lake County, IN
	•	My commission expires
		March 24, 2011