STATE OF INDIANA LAKE COUNTY FILED FOR REGORD

2007 080361

2007 OCT -9 AM 9:59

100136005

TO:

MICHAEL A. BROWN RECORDER

Return To:

Cedric Davis

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Cedric Davis	Attorney:	
	1925 Vigo St. Lake Station, IN 46405		
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	311 W. Washin Suite 300	tment of Insurance gton Street Indiana 46204
You 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:			
above hospi (\$\frac{1}{3}.\$ legal repressible for stay:	The patient was admitted to the charged from the hospital on the amount due for hospital of talization is One Thousand F: 549.00) Dollars. To the best of the Hospital's esentative claims that the find damages arising from the page 1.50 cm.	August 23, 200 are, treatment or ma ve Hundred Forty-Nin knowledge, the pati allowing named indicatient's illness or	intenance during the ent or the patient's ividuals and/or entities are injury causing the hospital
the Office hundred and undersigned the penalti Lien as de	Lien is being filed pursuant of the Recorder of the Cound eighty (180) days after the individual executing this in les of perjury, hereby states escribed above and that the re true and correct.	patient was discharged that the Hospital facts and matters THE METHODIST HOSPI	rital is located, within one reged from the Hospital. The duly sworn upon oath, under intends to hold the Hospital set forth in the foregoing
STATE OF IN) ss:	BY: Who get Arbie	Djukich
Hospitals,	gie Djukich , being Inc., being duly sworn upon cd correct.	ath, says that the f	entative for The Methodist Facts stated in the foregoing
September	ribed and sworn to before me, η_{-} , 2007.	a Notary Public, this	25 day of
My Commissi	on Expires:	SEAL SE	Notary Public
March 2	14,2011	A Resident of La	ke County
I affirm, under the penalties for periary, that I have taken reasonable care to redact each social security number in this obtainent, unless required by law.			
This Instru	ment Prepared By: Czyde D. 8700 Bros	Compton, Attorney at dway, Merrillville,	<i>()</i>
		E GSE	Official Seal LISA STONE Resident of Lake County, IN My commission expires March 24, 2011