STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2007 080363

2007 OCT -9 AM 9: 59

MICHAEL A. BROWN RECORDER

100141242

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Joseph W. Thomas Joseph W. Thomas	Attorney		
ratient.	4800 W 6th Ave	Accorney		_
	Gary, IN 46406			_
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	311 Suit	iana Department of Insur W. Washington Street te 300 ianapolis, 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:				
2. above hospi	charged from the hospita The amount due for hosp talization isTwo Thou. 058.00) Dollars	al on September pital care, treatment sand Fifty-Eight	l on September 15, 2007 15, 2007 ment or maintenance duri	ng the
	esentative claims that damages arising from t	the following na	med individuals and/o	or entities are
This the Office hundred and undersigned the penalti	Lien is being filed pur of the Recorder of the deighty (180) days aft individual executing t es of perjury, hereby escribed above and tha	er the patient which er the patient w his instrument, h states that the	n the Hospital is locates discharged from the aving been duly sworn u	ted, within one Hospital. The pon oath, under ld the Hospital
STATE OF IN) ss:	THE METHON (1) BY:	DIST HOSPITALS, INC. Mgil QuRich Angle Djukach	<u>, </u>
I An Hospitals, are true an	gie Djukich , Inc., being duly sworn d correct. ribed and sworn to before 1 , 2007.	upon oath, says	angie DiuRich Applie DiuRich	the foregoing of
mach 2	_	A Resident		ounty
I affirm, each social	under the penalties for security number in this		have taken reasonable stequired by law.	
inis Instru			illville, IN 46410 Official S	
			LISA STO	NE of Lake County, IN ssion expires