STATE OF INDIANA LAKE COUNTY FILED FOR RECAUSE

2007 080838

2007 OCT 10 AM 10: 25

MICHAEL A. BROWN RECORDER

100136291

TO:

Return To:

Tracey Rambo

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

| Patient:  | Tracey Rambo   | Actorney:  |   |  |
|---|--|--|---|--|
| •   | 3177 Joanna St.  |  |   |  |
|   | Portage, IN 46368  |  |   |  |
| Lake County<br>2293 North   | Lake County, Indiana<br>Government Center<br>Main Street<br>, Indiana 46307  | 311 W. Wash:<br>Suite 300  | artment of Insurance ington Street s, Indiana 46204   |  |
| IN 46402, i   | re hereby notified that THE ME<br>intends to hold a Hospital Lie<br>re, treatment or maintenance of  | en for all reasona   | able and necessary ch   |  |
| above hospi $(\frac{5}{3}, \frac{7}{3})$ legal representations        | The patient was admitted to the charged from the hospital on.  The amount due for hospital catalization is Seven Thousand To 376.00  To the best of the Hospital's esentative claims that the following damages arising from the particular in the par | August 24, 2007 are, treatment or r hree Hundred Seven knowledge, the par llowing named in tient's illness o | maintenance during the nty-Six tient or the patient' ndividuals and/or enter injury causing the                       | s<br>cities are                                  |
| the Office<br>hundred and<br>undersigned<br>the penalti<br>Lien as de | Lien is being filed pursuant to of the Recorder of the County decignty (180) days after the individual executing this insects of perjury, hereby states escribed above and that the retrue and correct.  | y in which the Ho<br>patient was disch<br>trument, having be<br>that the Hospital                            | pospital is located, where the spin arged from the Hospite en duly sworn upon on intends to hold the set forth in the | within one<br>tal. The<br>ath, under<br>Hospital |
| STATE OF IN   | ) ss:  | BY: <u>Angie</u>   | Djukich   |  |
|   | Inc., being duly sworn upon oa   | th, says that the  | Durch   |  |
| Septemb   | ribed and sworn to before me, a $\mathcal{U}$ , 2007.  on Expires:   | Notary Public, the   | his 1910 day of Aone Notary Public  | _  |
| _   |  | A Resident of  | Lake County   |  |
| March J   | 74,2011  | $\sim$ //  | _/  |  |
|   | under the penalties for perjur<br>security number in this docume   | y, that I have to<br>ent, uhless require   | - ·   |  |
| This Instru   | ment Prepared By:  Cryde D.  8700 Broad  | Ampton, Attorney a<br>dway, Merrillville   | at Law  | 14299<br>11-<br>DG                               |
|   |  |  | Official Seal LISA STONE Resident of Lake County, I My commission expires March 24, 2011                              | •  |