STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2007 099124

2007 DEC 19 AM 9: 58

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TO:

MICHAEL A. BROWN RECORDER

Return To:

Cassandra L. Warmack

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

Patient:	Cassandra L. Warmack	Attorney:
	5000 Washington St	
	Gary, IN 46408	
Recorder of	Lake County, Indiana	Indiana Department of Insurance
Lake County Government Center 311 W. Washington Street		
2293 North Main Street Suite 300		
	, Indiana 46307	Indianapolis, 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:		
1.	The patient was admitted to	the hospital on November 15, 2007
	charged from the hospital or	November 15, 2007
and was discharged from the hospital on <u>November 15, 2007</u> . 2. The amount due for hospital care, treatment or maintenance during the		
above hospitalization is One Thousand Fifty-Three		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(\$ 1,	To the host of the Hospital	's knowledge, the patient or the patient's
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:	PENT A PO	
This	Lien is being filed pursuan	t to the Hospital Lien Law, I.C. Section 32-33-4 in
the Office	of the Recorder of the Co	unty 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 penalt:	ios of perjury hereby stat	es 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.		
Statement a	are true and correct.	THE METHODIST HOSPITALS, INC.
	(1)	BY: Ungie DiuRich
STATE OF IN		Angle Djylkich
011111111111111111111111111111111111111) ss:	0 30
COUNTY OF I		
COOMII OI I		
I Ar	ngie Djukich , bei	ng a <u>Patient Representative</u> for The Methodist
Hospitals.		oath, says that the facts stated in the foregoing
are true and correct.		
u_	(2)	
		Apgie Djakich
Subsc	cribed and sworn to before me	e, a Notary Public, this 27th day of
	M, 2007.	
1 100-511 12		Suisa Stone
Mv Commissi	ion Expires:	Notary Public
A Resident of Lake County		
Warch	24,2011	WOMAN AND THE REST OF THE PARTY
I affirm, under the penalties for perjury, that I have taken reasonable care to redact		
each social security number in this socument, unless required by law.		
This Instrument Prepared By: Che 14455		
This Instru	ument Prepared By:	
	Llyde	O. Compton, Attorney at Law
	8700 / B:	rdadway, Merrillville, IN 46410
	1	$\mathcal{L}_{\mathcal{S}}$
		Official Seal
		LISA STONE
		∢(≊(SEAL) Resident of Lake County, IN
		My commission expires March 24, 2011
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