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Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

TO: Patient:	Steven J. Edwards Steven J. Edwards 810 Buchanan St Gary, IN 46402	Attorney:		
Lake County 2293 North M	Lake County, Indiana Government Center Main Street Indiana 46307	311 W Suite	ana Department of Insur W. Washington Street e 300 anapolis, Indiana 46204	
IN 46402, is hospital car	re hereby notified that ntends to hold a Hospi	tal Lien for all nance of the above	reasonable and necessalisted patient as foll	ary charges for
2. above hospit (\$ _5,5		al on November 19 pital care, treatments as and Five Hundred	ent or maintenance duri Thirty-Four	
	To the best of the Hosp sentative claims that damages arising from t	the following nam	ned individuals and/o	or entities are
the Office hundred and undersigned the penaltic Lien as des	ien is being filed pursof the Recorder of the eighty (180) days after individual executing the es of perjury, hereby scribed above and that the true and correct.	e County in which er the patient was nis instrument, has states that the Hot the facts and	the Hospital is located the discharged from the ving been duly sworn unospital intends to hole	ted, within one Hospital. The pon oath, under ld the Hospital
STATE OF IND	) ss:	WOIANA THE	Angle Djuwich	
Hospitals, I are true and	rie Djukich , Inc., being duly sworn I correct. Tibed and sworn to befor	(2)	nat the facts stated in Myse Dynalich Ampie Dynalich	n the foregoing
	, 2007.	e me, a notary ras	Chone	01
My Commissio	n Expires:	A Resident	Notary P of Lake Co	ublic unty
Maich 2	4,2011	1		•
	nder the penalties for security number in thi		have taken reasonable required by law.	care to redact
This Instrum	ent Prepared By: 91y 870		corney at Law lville, IN 46410	11- W