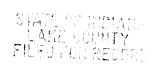
2008 004642



2009 JAN 18 AM 10: 48

MICHAEL A. BROWN NECORDER

200245200

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Dominique Mapp			
Patient:	Dominique Mapp	Attorney:	:	
	1906 W 86th Ave #S57	7		
	Merrillville, IN 464	10		
Lake County	Lake County, Indiana Government Center	311	ana Department of Insu W. Washington Street	ırance
2293 North			e 300	
Crown Point	, Indiana 46307	Indi	anapolis, Indiana 4620) 4
IN 46402, i	re hereby notified that intends to hold a Hosp re, treatment or mainte	ital Lien for all	reasonable and neces	sary charges for
	The patient was admitt charged from the hospit	al on _December 1	7, 2007	
2.	The amount due for hos	pital care, treatm	ment or maintenance du	ring the
	talization is <u>Two Thou</u> 243.00) Dollars	Jocume .		
3.	To the best of the Hos	pital's knowledge.	the patient or the pa	atient's
<pre>liable for stav:</pre>	esentative claims that damages arising from	the following nathe patient's il	med individuals and, lness or injury caus	or entities are ing the hospital
mh: a	Lien is being filed pur	cument is th	e property of	
the Office	of the Recorder of th	Suant to the Hosp	ital Lien Law, I.C. Se	action 32-33-4 in
hundred and	l eighty (180) days aft	er the patient wa	as discharged from the	e Hospital. The
undersigned	individual executing t	his instrument, h	aving been duly sworn	upon oath, under
the penalti	es of perjury, hereby	states that the	Hospital intends to h	old the Hospital
Lien as de	scribed above and tha	t the facts and	matters set forth i	n the foregoing
statement a	re true and correct.	THE METHOD (1) BY:	OIST HOSPITALS, INC.	204
STATE OF IN) ss:	(1) B1:	Angie Djukich	
	ngie Djukich , Inc., being duly sworn d correct.	being a <u>Patien</u> upon oath, says t	t Representative for hat the facts stated angul Aurich	The Methodist foregoing
			Maie Dinkich	
1)(C(1) 22	ribed and sworn to befo <u>(</u> , 2007.			of
My Commissi	on Expires:	LA CALL		Public
Mach	24, 2011	A Resident	f Lake	County
I affirm, u	under the penalties for security number in thi	gerjyry, that/I s/wocument, unless	have taken reasonable required by law.	e care to redact
This Instru	ment Prepared By:	yde 1. Compton, At	torney at Law	<u>Cla 14569</u>
	87	00/Broadway, Merri		//-
			and the state of t	
			Official Sea LISA STONE Resident of L My commission March 24, 20	ake County, IN on expires
			I wicarcana and activity	